

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **H14659**

1. Entity Name
EL GALEON UTILITY COMPANY, INC.



**FILED
Mar 17, 2003 8:00 am
Secretary of State**

03-17-2003 90476 029 ***150.00

2003
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CHECK HERE IF MAKING CHANGES

Principal Place of Business 1770 GULF BLVD ENGLEWOOD FL 34223 US		Mailing Address 1770 GULF BLVD ENGLEWOOD FL 34223 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3455-B So. McCall RD. Suite, Apt. #, etc.	
City & State ENGLEWOOD FL.		4. FEI Number 59-2471466	
Zip	Country	Zip	Country USA
6. Name and Address of Current Registered Agent DEPALMA, JOHANNA R 1765 GULF BLVD. (OFFICE) ENGLEWOOD FL 34223		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3455-B So. McCall RD. City ENGLEWOOD FL 34224 Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GENTH, RICHARD E. 1840 GULF BLVD. ENGLEWOOD FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRES. LAVONNE E. GENTH SAME SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEPALMA, JOHANNA R. 1770 GULF BLVD. ENGLEWOOD FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3455-B So. McCall RD ENGLEWOOD, FL. 34224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEPALMA, EMIL C. 1770 GULF BLVD. ENGLEWOOD FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3455-B So. McCall RD. ENGLEWOOD, FL. 34224	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other he is empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/03 941-474-2709

Date Daytime Phone #

CR20034110/202