

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# H43949

FILED
Aug 01, 2003
Secretary of State

Entity Name: ANTHONY GALIE SEMINARS, INC.

Current Principal Place of Business:

2145 N. HWY A1A
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

2145 N. HWY A1A
INDIALANTIC, FL 32903

New Mailing Address:

FEI Number: 59-2496818

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALIE, CATHERINE
2145 N. HWY A1A
INDIALANTIC, FL 32903

Name and Address of New Registered Agent:

GALIE, ANTHONY
2145 N. HWY A1A
INDIALANTIC, FL 32903

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.

SIGNATURE: ANTHONY GALIE

08/01/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GALIE, ANTHONY T
Address: 2145 N. HWY A1A
City-St-Zip: INDIALANTIC, FL

Title: VP () Delete
Name: GALIE, CATHERINE S
Address: 2145 N. HWY A1A
City-St-Zip: INDIALANTIC, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change () Addition
Name: GALIE, ANTHONY T
Address: 2145 N. HWY A1A
City-St-Zip: INDIALANTIC, FL 32903

Title: VP,T (X) Change () Addition
Name: GALIE, ANTHONY T
Address: 2145 N. HWY A1A
City-St-Zip: INDIALANTIC, FL 32903

Title: S () Change (X) Addition
Name: GALIE, ANTHONY T
Address: 2145 N. HWY A1A
City-St-Zip: INDIALANTIC, FL 32903

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY GALIE

P,D

08/01/2003

Electronic Signature of Signing Officer or Director

Date