

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J24625

1. Entity Name

GALLOPS, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90200 037 ***150.00

Principal Place of Business

11500 PILOT COUNTRY DR
SPRING HILL FL 34639

Mailing Address

~~6911 SHELTON RD.~~
~~SUITE B~~
~~TAMPA FL 33615-2756~~

2. Principal Place of Business

3. Mailing Address

4023 W. WATERS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 14

City & State

City & State

TAMPA FL

Zip

Country

Zip

33614

Country

4. FEI Number

59-3001812

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GALLOPS, DEWEY E.
4623 BAYCREST DR
TAMPA FL 33615

Name

KEITH GALLOPS

Street Address (P.O. Box Number is Not Acceptable)

8445 FLAGSTONE DR.

City

TAMPA

FL

Zip Code

33615

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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

KEITH GALLOPS

(NOTE: Registered Agent signature required when reinstating)

4/10/00

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	GALLOPS, DEWEY E.	
STREET ADDRESS	4623 BAYCREST DR	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GALLOPS, KEITH	
STREET ADDRESS	8445 FLAGSTONE DR	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEITH GALLOPS

4/10/00

Date

813 808 7339

Daytime Phone #