

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90584 022 ***150.00

DOCUMENT # L01000003381

1. Entity Name

GALT HOLDINGS LLC

Principal Place of Business

**501 E. KENNEDY BLVD., STE. 1400
TAMPA FL 33602**

Mailing Address

**501 E. KENNEDY BLVD., STE. 1400
TAMPA FL 33602**

2. Principal Place of Business

418 W. Platt Street

3. Mailing Address

418 W. Platt Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33606

Country

USA

Zip

33606

Country

USA

4. FEI Number

59-3702390

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TATE, MARK T ESQ.
501 E. KENNEDY BLVD., STE. 1400
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name

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

418 W. Platt Street

City

Tampa

FL

Zip Code

33606

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE **MEM** ☐ Delete
NAME **TATE, MARK T**
STREET ADDRESS **418 W. PLATT ST.**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **MEM** ☐ Delete
NAME **TATE, JEANNE T**
STREET ADDRESS **418 W. PLATT ST.**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **MEM** ☐ Delete
NAME **SHANNON, JEFFREY C**
STREET ADDRESS **501 E. KENNEDY BLVD., STE. 1900**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **MEM** ☐ Delete
NAME **SHANNON, GINA**
STREET ADDRESS **501 E. KENNEDY BLVD., STE. 1900**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Mark Tate

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/18/02 (813) 254-6677

Date

Daytime Phone #

CR2E083 (9/01)