## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Feb 11, 2002 8:00 am Secretary of State **DOCUMENT #** L45295 1. Entity Name 02-11-2002 90036 046 \*\*\*150.00 GEORGE W. GALVIN, INC. Mailing Address Principal Place of Business 6561 PETERS RD. 6561 PETERS RD. PLANTATION FL 33317 PLANTATION FL 33317 3. Mailing Address 2. Principal Place of Busines: 751 SW 158TH TERRACE 751 GW 158 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0167057 Not Applicable Pembroks ANES Pembroke Pines \$8.75 Additional Countr 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GALVIN, GEORGE W. 6561 PETERS RD. PLANTATION FL 33317 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. COMUIN - RECHELETER SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE PVS Change ☐ Delete TITLE gawin, accorde w. GALVIN, GEORGE W. NAME NAME 757 SW ISBTH TURRACE STREET ADDRESS 6561 PETER RD. STREET ADDRESS PLANTATION FL 33317 CITY-ST-ZIP Pambroke Yings CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE TD NAME GALVIN, GEORGE W. NAME STREET ADDRESS STREET ADDRESS 6561 PETERS RD. CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete\_\_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP