

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001696

1. Entity Name

GALAXY HOMES, LLC

Principal Place of Business

6338 PRESIDENTIAL CT. STE 205
FORT MYERS FL 33919

Mailing Address

6338 PRESIDENTIAL CT. STE 205
FORT MYERS FL 33919

FILED

01 MAY -7 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1207 CAPE CORAL PKWY. E.

Suite, Apt. #, etc.

3. Mailing Address

1207 CAPE CORAL PKWY. E.

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

Zip

33904

Country

City & State

CAPE CORAL, FL

Zip

33904

Country

4. FEI Number

65-1024953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

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

300004368473--4
-06/07/01--01008--020
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE ☐ Delete

NAME PRESIDENT
STREET ADDRESS PAUL IVERSON
CITY-ST-ZIP 416 S.W. 45TH STREET
CAPE CORAL, FL 33914

TITLE ☐ Delete

NAME VICE PRESIDENT
STREET ADDRESS ROBERT MILLOTT
CITY-ST-ZIP 6710 MATT PLEDGER CT.
N. FORT MYERS, FL 33917

TITLE ☐ Delete

NAME VICE PRESIDENT SALES
STREET ADDRESS HOMER V. JONES
CITY-ST-ZIP 1207 CAPE CORAL PKWY.
CAPE CORAL, FL 33904

TITLE ☐ Delete

NAME VICE PRESIDENT
STREET ADDRESS GWEN D FOLLANSBEE
CITY-ST-ZIP 3716 COUNTRY CLUB BLVD.
CAPE CORAL, FL 33904

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

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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 SIGNATURE REQUIRED

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

Date

Daytime Phone #

4/30/01

941-945-6675