

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90265 016 \*\*\*\*50.00

**DOCUMENT # M00000001696**

1. Entity Name  
**GALAXY HOMES, LLC**

Principal Place of Business Mailing Address  
**1207 CAPE CORAL PARKWAY E 1207 CAPE CORAL PARKWAY E**  
**CAPE CORAL FL 33904 CAPE CORAL FL 33904**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip 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

7. Name and Address of New Registered Agent

**TARDIF, ROBERT E JR.**  
**1601 JACKSON STREET, SUITE 101**  
**FORT MYERS FL 33901**

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
 NAME **P**  
 STREET ADDRESS **IVERSON, PAUL**  
 CITY-ST-ZIP **416 SW 45TH STREET**  
**CAPE CORAL FL 33914**

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

TITLE ☒ Delete  
 NAME ~~**MILLOTT, ROBERT**~~ **Dina Green**  
 STREET ADDRESS ~~**6710 MATT PLEDGER ST**~~  
 CITY-ST-ZIP ~~**N FORT MYERS FL 33917**~~

TITLE ☐ Change ☒ Addition  
 NAME **Dina Green**  
 STREET ADDRESS ~~**2832 Tangerine Dr**~~  
 CITY-ST-ZIP **St James City FL 33956**

TITLE ☐ Delete  
 NAME ~~**JONES, HOMER**~~ **Daniel Iverson**  
 STREET ADDRESS **1207 CAPE CORAL PARKWAY**  
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Change ☒ Addition  
 NAME **Daniel Iverson**  
 STREET ADDRESS **6631 St Ives Ct**  
 CITY-ST-ZIP **Ft Myers FL 33912**

TITLE ☐ Delete  
 NAME ~~**POLLANSBEE, GWEN D**~~ **Gary Howd**  
 STREET ADDRESS ~~**3716 COUNTRY CLUB BLVD**~~  
 CITY-ST-ZIP ~~**CAPE CORAL FL 33904**~~

TITLE ☐ Change ☒ Addition  
 NAME **Gary Howd**  
 STREET ADDRESS **614 SW 47th Street**  
 CITY-ST-ZIP **Cape Coral FL 33914**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 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:

**SIGNATURE REQUIRED** **Dina Green** **5/1/02 941 54884**

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

Date

Daytime Phone #

CR2E083 (9/01)