

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90066 026 ****61.25

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1. Entity Name
GALT ISLAND AVENUE PROPERTY RIGHTS GROUP, INC.

Principal Place of Business Mailing Address
3861 GALT ISLAND AVENUE 3861 GALT ISLAND AVENUE
ST. JAMES CITY FL 33956 ST. JAMES CITY FL 33956

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 **65-0787048** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUCHANAN, PHILLIP G
3861 GALT ISLAND AVENUE
ST. JAMES CITY FL 33956

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DP	BUCHANAN, PHILLIP G	3861 GALT ISLAND AVE	ST JAMES CITY FL 33956	<input type="checkbox"/>	<input type="checkbox"/>
DPOO	PARKER, SCOTT	3901 GALT ISLAND AVE	ST JAMES CITY FL 33956	<input type="checkbox"/>	<input type="checkbox"/>
DVP	GADDY, JACK	3911 GALT ISLAND AVENUE	SAINT JAMES CITY FL 33956	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: *Phillip G. Buchanan* **Phillip G. Buchanan** 3Jan03

CR2E037 (10/02)