

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State
 03-02-2001 90047 024 ***150.00

0062795

DOCUMENT # P00000004224

1. Entity Name

JUDY GALLAGHER, CPA, PA

Principal Place of Business

280 RICHARDS ROAD
 MELBOURNE BEACH FL 32951

Mailing Address

280 RICHARDS ROAD
 MELBOURNE BEACH FL 32951

926377

2. Principal Place of Business

405 E. STRAWBRIDGE AVE

3. Mailing Address

405 E. STRAWBRIDGE AVE

Suite, Apt. #, etc.

SUITE C

Suite, Apt. #, etc.

SUITE C

City & State

MELBOURNE, FL

City & State

MELBOURNE, FL

Zip

32901

Country

Brevard

Zip

32901

Country

Brevard



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3616448

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JUDY GALLAGHER CPA
 280 RICHARDS ROAD
 MELBOURNE BEACH FL 32951

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD VP S T
 NAME JUDY GALLAGHER
 STREET ADDRESS 280 RICHARDS RD
 CITY-ST-ZIP MELBOURNE BEACH, FL 32951

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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 CITY-ST-ZIP ☐ Delete

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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.

SIGNATURE:

Judy Gallagher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/01 321-724-1005

CR2E034 (10/00)