

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000010385

1. Entity Name
GALAXY HOMES, INC.

FILED
Jun 08, 2001 8:00 am
Secretary of State

06-08-2001 90007 039 ***150.00

Principal Place of Business
**6338 PRESIDENTIAL CT. SUITE 105
FT MYERS FL 33919**

Mailing Address
**6338 PRESIDENTIAL CT. SUITE 105
FT MYERS FL 33919**

2. Principal Place of Business
6207 Cape Coral Pkwy. E.

3. Mailing Address
6207 Cape Coral Pkwy. E.

Suite, Apt. #, etc.

City & State
Cape Coral, FL

City & State
Cape Coral, FL

Zip
33904

Country
U.S.A.

4. FEI Number
65-0987812

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LYNN J. GRIFFITH, P.A.
6338 PRESIDENTIAL CT, SUITE 105
FT MYERS FL 33919**

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.

(NOT: 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Paul O. Iverson
6207 Cape Coral Pkwy. E.
Cape Coral, FL 33904

☐ Delete

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

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☐ Change ☐ Addition

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 the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)