

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90161 036 \*\*\*150.00

**DOCUMENT # P00000042783**

1. Entity Name

**GALLAGHER'S GARDENS, INC.**



Principal Place of Business

**664 OLD EAST LAKE RD.  
TARPON SPRINGS FL 34689**

Mailing Address

**664 OLD EAST LAKE RD.  
TARPON SPRINGS FL 34689**

2. Principal Place of Business

**PO BOX 1050**

3. Mailing Address

**PO BOX 1050**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Fort White FLA**

City & State

**Fort White FLA**

Zip

Country

**32038 Colombia**

Zip

Country

**32038 Colombia**

6. Name and Address of Current Registered Agent

**GALLAGHER, EDWARD**

**664 OLD EAST LAKE RD.**

**TARPON SPRINGS FL 34689**

7. Name and Address of New Registered Agent

Name **Edward Gallagher**

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

**494 SW Hawthorne Terr**

**Fort White FL**

City

FL

Zip Code

**32038**

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]*

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

**4-6-03**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	GALLAGHER, DEBORAH	
STREET ADDRESS	664 OLD EAST LAKE RD	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	T	<input type="checkbox"/> Delete
NAME	GALLAGHER, TARA	
STREET ADDRESS	664 OLD EAST LAKE RD	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	S	<input type="checkbox"/> Delete
NAME	GALLAGHER, CHRISTINE	
STREET ADDRESS	664 OLD EAST LAKE RD	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gallagher Deborah	
STREET ADDRESS	494 SW Hawthorne Terr	
CITY-ST-ZIP	Fort White FL 32038	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gallagher TARA	
STREET ADDRESS	494 SW HAWTHORNE TERR	
CITY-ST-ZIP	FORT WHITE FL 32038	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gallagher Christina	
STREET ADDRESS	494 SW Hawthorne Terr	
CITY-ST-ZIP	Fort White FL 32038	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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 empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-6-03**

Date

**386 497 8855**

Daytime Phone #

0587733 AV

CR2E034 (10/02)