

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90081 048 ***150.00

0534443

DOCUMENT # P00000055877

1. Entity Name

GALWAY CORPORATION

Principal Place of Business

1457 KILBERRY WAY
VENICE FL 34292

Mailing Address

1457 KILBERRY WAY
VENICE FL 34292

00006803



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2657 Colonial Blvd.

Suite, Apt. #, etc.

3. Mailing Address

2657 Colonial Blvd.

Suite, Apt. #, etc.

City & State

Fort Myers FL

City & State

Fort Myers FL

4. FEI Number

65-1013646

Applied For

Not Applicable

Zip

33907

Country

USA

Zip

33907

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRELL, DONALD J
1776 RINGLING BOULEVARD
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

Matthew Garcia

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

2657 Colonial Blvd.

City

Fort Myers

FL

Zip Code

33907

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

Matthew Garcia President

1-12-01

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	<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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Matthew Garcia	
STREET ADDRESS	2657 Colonial Blvd.	
CITY-ST-ZIP	Fort Myers FL 33907	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Matthew Garcia	
STREET ADDRESS	2657 Colonial Blvd.	
CITY-ST-ZIP	Fort Myers FL 33907	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Matthew Garcia	
STREET ADDRESS	2657 Colonial Blvd.	
CITY-ST-ZIP	Fort Myers FL 33907	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Matthew Garcia	
STREET ADDRESS	2657 Colonial Blvd.	
CITY-ST-ZIP	Fort Myers FL 33907	
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		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Matthew Garcia Matthew Garcia

1-12-01

Date

941-939-3755

Daytime Phone #

CP25034 (10/00)