2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 08:00 AM
Secretary of State

DOCUMENT # **P00000065232**

1. Entity Name
GALVIS & SONS, INC.

Principal Place of Business	Mailing Address
5922 MAUSSER DRIVE, UNIT 2D	5922 MAUSSER DRIVE, UNIT 2D
ORLANDO FL	ORLANDO FL
328222921	328222921

2. Principal Place of Business	3. Mailing Address
4515 WHEELHOUSE COURT	4515 WHEELHOUSE COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FL	City & State: ORLANDO FL
Zip: 32812 Country:	Zip: 32812 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3664277** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GALVIS LUIS F
5922 MAUSSER DRIVE, UNIT 2D
ORLANDO FL
328222921

7. Name and Address of New Registered Agent

Name: GALVIS LUIS F
Street Address (P.O. Box Number is Not Acceptable): 4515 WHEELHOUSE COURT
City: ORLANDO **FL** Zip Code: 32812

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 ______________________ 04/26/2001
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	D	☐ Delete
NAME	DE GALVIS MARTHA C	
STREET ADDRESS	5922 MAUSSER DRIVE, UNIT 2D	
CITY-ST-ZIP	ORLANDO FL 328222921	
TITLE	D	☐ Delete
NAME	GALVINS LUIS F	
STREET ADDRESS	5922 MAUSSER DRIVE, UNIT 2D	
CITY-ST-ZIP	ORLANDO FL 328222921	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☒ Change ☐ Addition
NAME	DE GALVIS MARTHA C	
STREET ADDRESS	4515 WHEELHOUSE	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	D	☒ Change ☐ Addition
NAME	GALVIS LUIS F	
STREET ADDRESS	4515 WHEELHOUSE COURT	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (11/00)

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: LUIS FERNANDO GALVIS D 04/26/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #