

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-23-2001 90225 020 ***158.75

DOCUMENT # P00000070071
 1. Entity Name
galaxymaps.com, Inc.

Principal Place of Business Mailing Address
6820 N. Florida Ave. Tampa, FL 33604 6820 N. Florida Ave Tampa FL 33604

2. Principal Place of Business 6820 N. Florida Ave
 Suite, Apt. #, etc.
 3. Mailing Address 6820 N. Florida Ave
 Suite, Apt. #, etc.

City & State Tampa FL City & State Tampa FL
 Zip 33604 Country USA Zip 33604 Country USA

4. FEI Number 59-3667200 Applied For
 Not Applicable

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

659581

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~D'Amore~~
ANTONIO DUARTE, III
11959 N. FLORIDA AVE
TAMPA FL 33612

Name D'AMORE, DENISE
 Street Address (P.O. Box Number is Not Acceptable)
6820 N. Florida Ave
galaxymaps.com, Inc
 City Tampa FL Zip Code 33604

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 Denise D'Amore, PRESIDENT DATE 4/28/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<u>PRESIDENT</u> <input type="checkbox"/> Delete <u>DENISE L. D'AMORE</u> <u>29955 BAYHEAD ROAD</u> <u>DADE CITY, FL 33523</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE PRESIDENT</u> <input checked="" type="checkbox"/> Delete <u>DAVID SWIFT</u> <u>7151 121ST AVENUE NORTH</u> <u>LARGO, FL 33773</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SECRETARY</u> <input type="checkbox"/> Delete <u>MORT LAYTON</u> <u>6122 LAKE HIBISCUS DRIVE</u> <u>DELRAY BEACH, FL 33484</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TREASURER</u> <input checked="" type="checkbox"/> Delete <u>GILBERT T. D'AMORE</u> <u>29955 BAYHEAD ROAD</u> <u>DADE CITY, FL 33523</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition /
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition /
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TREASURER</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>MORT LAYTON</u> <u>6122 LAKE HIBISCUS DRIVE</u> <u>DELRAY BEACH, FL 33484</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition /
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SECRETARY</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>SYDONIA LAYTON</u> <u>6122 LAKE HIBISCUS DRIVE</u> <u>DELRAY BEACH, FL 33484</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Denise D'Amore, PRESIDENT DATE 4/28/01 DAYTIME PHONE # 813-237-1711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)