

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90204 043 ***150.00

DOCUMENT # P00000075979

1. Entity Name
GALAXY FARMS, INC.

Principal Place of Business Mailing Address
~~1606 WAKEFIELD DR. BRANDON FL 33511~~ ~~1606 WAKEFIELD DR. BRANDON FL 33511~~

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1505 S. St. Cloud Ave. **1505 S. St. Cloud Ave.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Valrico, FL **Valrico, FL**

4. FEI Number Applied For
59-3662447 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired. \$8.75 Additional Fee Required
33594 USA 33594 USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAVINO, DENISE
3606 W. KENNEDY BLVD.
TAMPA FL 33609

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD JONES, JANA 1606 WAKEFIELD DR. BRANDON FL 33511 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD JONES, JAMES W 1606 WAKEFIELD DR. BRANDON FL 33511 | <input checked="" type="checkbox"/> Delete |
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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: Jana Jones **Jana Jones** Date: 4/17/01 Daytime Phone #: 813-689-1175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)