

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90135 032 \*\*\*150.00

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AV

**DOCUMENT #** P00000096308

**1. Entity Name**  
GALICA, INC.



**Principal Place of Business**  
12110 VITI STREET  
ORLANDO FL 32837  
US

**Mailing Address**  
200 E ROBINSON ST. STE 500  
ORLANDO FL 32801



**2. Principal Place of Business**

**3. Mailing Address**

12110 Viti Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

Orlando, FL

**Zip**

**Country**

**Zip**

**Country**

32837

US

**4. FEI Number** 59-3675424

**Applied For**  
☐ **Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

HENDRY, STONER, DELANCETT & BROWN, P.A.  
200 E ROBINSON ST. STE 500  
ORLANDO FL 32801

**7. Name and Address of New Registered Agent**

**Name** Angelina Robbins  
**Street Address** (P.O. Box Number is Not Acceptable)  
12110 Viti Street  
**City** Orlando **FL** **Zip Code** 32837

**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** Angelina Robbins Treasurer / Angelina Robbins 4/5/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	PD	<input type="checkbox"/> Delete
<b>NAME</b>	GALICA, CHRISTOPHER S	
<b>STREET ADDRESS</b>	2704 MUSCATELLO ST	
<b>CITY-ST-ZIP</b>	ORLANDO FL 32837	
<b>TITLE</b>	SD	<input type="checkbox"/> Delete
<b>NAME</b>	GALICA, CHRISTOPHER S JR	
<b>STREET ADDRESS</b>	11788 HATCHER CIR	
<b>CITY-ST-ZIP</b>	ORLANDO FL 32824	
<b>TITLE</b>	VD	<input type="checkbox"/> Delete
<b>NAME</b>	GALICA, SHAWN	
<b>STREET ADDRESS</b>	2704 MUSCATELLO ST	
<b>CITY-ST-ZIP</b>	ORLANDO FL 32837	
<b>TITLE</b>	TD	<input type="checkbox"/> Delete
<b>NAME</b>	ROBBINS, ANGELINA M	
<b>STREET ADDRESS</b>	12110 VITI ST	
<b>CITY-ST-ZIP</b>	ORLANDO FL 32832	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

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

**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:** ☒ Christopher Galica President 4/5/03 321-229-3917  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)