## **2002 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

SIGNATURE:

## Feb 06, 2002 8:00 am P01000043937 DOCUMENT # **Secretary of State** 1. Entity Name 02-06-2002 90011 016 \*\*\*150.00 GALLEON BAY 3, INC. Principal Plage of Business 21 PLAM ROAD Mailing Address 21 PLAM ROAD SEWALLS POINT FL 34996 SEWALLS POINT FL 34996 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ∠ Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRICK, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 21 PLAM ROAD **SEWALLS POINT FL 34996** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Change Addition Pucsident ☐ Delete william Frut NAME NAME 2 i Palm Bol STREET ADDRESS STREET ADDRESS Bewall's Point F134996 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS would foint Flayers CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition palm Rd STREET ADDRESS STREET ADDRESS onl's Point FIJ4956 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS miles PHINT F174596 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.

(10/0)