FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91437 001 ***150.00

80113100

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000045938

1. Entity Name
GALLAGHER & COMPANY, P.A.

Principal Place of Business	Mailing Address
2323 EAGLES NEST ROAD JACKSONVILLE, FL 32246 US	2323 EAGLES NEST ROAD JACKSONVILLE, FL 32246 US

2. Principal Place of Business	3. Mailing Address
6924 SEA CRAB CIR.	P.O. BOX 6240
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAVARRE FL	City & State: NAVARRE, FL
Zip: 32566 Country: USA	Zip: 32566 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3476459 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
GALLAGHER, WILLIAM F
2323 EAGLES NEST ROAD
JACKSONVILLE, FL 32246

7. Name and Address of New Registered Agent
Name GALLAGHER, WILLIAM F.
Street Address (P.O. Box Number is Not Acceptable)
6924 SEA CRAB CIRCLE
City NAVARRE FL Zip Code 32566

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 [signature] 4/29/03
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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALLAGHER, SHERRY L 2323 EAGLES NEST ROAD JACKSONVILLE, FL 32246	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6924 SEA CRAB CIRCLE NAVARRE, FL 32566	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: X Sherry L. Gallagher 4/29/03 850-936-1630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #