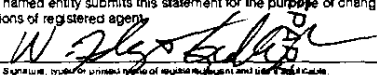
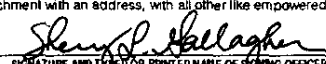


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91437 001 ***150.00

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2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000045938		
1. Entity Name GALLAGHER & COMPANY, P.A.		
Principal Place of Business 2323 EAGLES NEST ROAD JACKSONVILLE, FL 32246 US		Mailing Address 2323 EAGLES NEST ROAD JACKSONVILLE, FL 32246 US
2. Principal Place of Business 6924 SEA CRAB CIR. Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 6240 Suite, Apt. #, etc.
City & State NAVARRE FL		City & State NAVARRE, FL
Zip 32566 Country USA		Zip 32566 Country USA
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  DATE 4/29/03 (NOTE: Registered Agent's signature required when appointing)		
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete 6924 SEA CRAB CIRCLE NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:  DATE 4/29/03 850-936-1630 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #

CRREC034 (10/02)