APR-08-02 MON 02:51 PM GALLAGHER.ENG..... 3/

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FILED
May 28, 2002 8:00 am
Secretary of State
03-06-2002 90068 049 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000056595

1. Entity Name
GALLAHER DEVELOPMENT 3 CORP.

Principal Place of Business	Mailing Address
2685 MEADOWOOD DRIVE FT LAUDERDALE FL 33332	2685 MEADOWOOD DRIVE FT LAUDERDALE FL 33332

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1048377 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GALLAGHER, LORETTA
2685 MEADOWOOD DRIVE
FT LAUDERDALE FL 33332

7. Name and Address of New Registered Agent

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 [signature] 2/22/02
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its incomplete Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS $150.00
After May 1, 2002 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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
President Loretta Gallagher 2685 Meadowood Dr Ft. Laud FL 33332	☐ Delete	
	☐ Delete	
	☐ Delete	
	☐ Delete	
	☐ Delete	
	☐ Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

CR2E034 (5/01)

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: [signature] 2/22/02 954 384 6162
SIGNATURE AND TYPED OR PRINTED NAME OF ENTERING OFFICER OR DIRECTOR Date Daytime Phone #