FILED Jun 20, 2002 8:00 am 2002 UNIFORM BUSINESS REPORT (UBR) Secretary of State P01000081311 **DOCUMENT #** 05-28-2002 91720 047 ***150.00 06-20-2002 90061 039 ****88.75 GALILEO MINDS, INC. Principal Place of Business Mailing Address 4770 NW BOCA RATON BLVD B 4770 NW ROCA RATON RIVO R **BOCA RATON FL 33431 BOCA RATON FL 33431** 3. Mailing Address 2. Principal Place of Business -Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCDEUITT, DENNIS :--Street Address (P.O. Box Number is Not Acceptable) 4770 NW BOCA RATON BLVD B **BOCA RATON FL 33431** 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. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete (9/01) TITLE TITT F Change ☐ Addition MCDEVITT, DENNIS 4770 NW BOCA RATON BLVD B NAME MAME STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 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-ZIP City-SI-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP I hereby certify that the information indicated on this report or supprefer of the corporation or the receiver o changed, or on an attachment with does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further c accurate and that my signature shall have the same legal effect as if made under oath; that execute this report as required by Chapter 607, Florida Statutes; and that my name appears the keyempowered.

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

June 4, 2002

GALILEO MINDS, INC. 4770 NW BOCA RATON BLVD B BOCA RATON, FL 33431

Subject: GALILEO MINDS, INC.

Reference Number:

P01000081311

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE —DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/tw ANNUAL REPORTS SECTION