

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90733 019 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000089863

1. Entity Name

Galvan Restoration & Construction Inc

DO NOT WRITE IN THIS SPACE

B0061631

DO NOT WRITE IN THIS SPACE

| | | | |
|---|----------------|---|---------|
| 2. Principal Place of Business 2032 Locust Berry Dr | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State Kissimmee, FL | | City & State | |
| Zip 34743 | Country USA | Zip | Country |
| 4. FEI Number 03-0414359 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Mario Galvan

Street Address (B.O. Box Number is Not Acceptable)
2032 Locust Berry Dr

Kissimmee, FL 34743

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, 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 Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 | Mario Galvan 2032 Locust Berry Dr Kissimmee, FL 34743 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Mario Galvan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-02
Date

Daytime Phone #

CR2E034B (12/01)