


2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000095774	
1. Entity Name GALT MARKETING GROUP, INC.	
	
Principal Place of Business 6000 MASTERS BLVD. ORLANDO, FL 32819	Mailing Address 6000 MASTERS BLVD. ORLANDO, FL 32819
<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
2. Principal Place of Business 1803 PARK Center Dr. Suite, Apt. #, etc. 110 City & State Orlando, FL Zip 32835 Country U.S.A.	3. Mailing Address SAME Suite, Apt. #, etc. " " " " City & State " " " " Zip " " Country " "
4. FEI Number 010589114 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURKS, S 6000 MASTERS BLVD. ORLANDO, FL 32819	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent's signature required when electing) DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, and all other like empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

PLEASE
update

CH2ED34 (10/02)

7/27/03

July 25, 2003

Attachment
80134937
PO1000095774

To Whom It May Concern:

Per the 7/24/2003 email below (from your offices):

"If you did not receive the preprinted report in January, please mail in the second report along with a check for \$150.00 and a note explaining that you never received the first notice, thank you.

Doug
Internet Access "

I am enclosing the second report along with a check for \$150.00.

Please contact me if you have any further questions and/or concerns, and also please change my address as indicated on the attached.

Thank You,



M. Stimmel

Director of Operations

Galt Marketing Group

407-581-1232