

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

1 cel 2

DOCUMENT # P01000106795'

1. Entity Name

Sherry Woods-Gallant, Inc.



FILED

03 APR -3 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600015284176
04/03/03--01025--013 **300.00

02-03 UBR

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2215 Bow Lane

Suite, Apt. #, etc.

3. Mailing Address

2215 Bow Lane

Suite, Apt. #, etc.

City & State

Safety Harbor, FL

Zip

34695

Country

USA

City & State

Safety Harbor, FL

Zip

34695

Country

USA

4. FEI Number

59-3755212

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Karen R. Best

Street Address (P.O. Box Number is Not Acceptable)

601 Cleveland Street, Suite 300

City

Clearwater,

FL

Zip Code

33755

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Karen R. Best

DATE

3/7/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSDC
Sherry Woods-Gallant
2215 Bow Lane
Safety Harbor, FL 34695

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sherry Woods-Gallant

Sherry Woods-Gallant

3/7/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

2012
Perfectly
BALANCED
BOOKS



Complete Accounting Services

10 February 2003

Florida Department of State
Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: P01000106795 - Fed ID# 59-3755212

Dear Sir or Madam:

Sherry Woods-Gallant, Inc. has recently hired my company to assist her in filing her Corporation tax return. It has been discovered that the corporation is inactive at this point. My client never received the Uniform Business Report.

Enclosed please find a check in the amount of \$150.00 to pay the Corporate Annual Fee and to activate the corporation.

Please respond and send the reinstatement papers to:

Sherry Woods-Gallant, Inc.
2215 Bow Lane
Safety Harbor, FL 34695

If you have any questions, please feel free to contact this office at 727-445-9707.

Very truly yours,

Kathleen E. Lettau

Enclosure