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Secretary of State
05-05-2003 91868 016 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000002721

1. Entity Name
GALLERIA 509 CORPORATION

Principal Place of Business	Mailing Address
509 MAIN STREET SAFETY HARBOR, FL 34695	509 HARBOR HILL DRIVE SAFETY HARBOR, FL 34695

2. Principal Place of Business	3. Mailing Address
	P.O. Box 114
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: SAFETY HARBOR FL
Zip / Country	Zip: 34695 / Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 74-3036616 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
WALL, BARBARA G
509 HARBOR HILL DRIVE
SAFETY HARBOR, FL 34695

7. Name and Address of New Registered Agent
Name: EWART BARBARA G.
Street Address (P.O. Box Number is Not Acceptable): 509 MAIN STREET
City: SAFETY HARBOR FL Zip Code: 34695

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] BARBARA G. EWART 4/30/03

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: WALL, BARBARA G STREET ADDRESS: 509 HARBOR HILL DRIVE CITY-ST-ZIP: SAFETY HARBOR, FL 34695	☐ Delete	TITLE: P NAME: EWART, BARBARA G. STREET ADDRESS: 509 MAIN STREET CITY-ST-ZIP: SAFETY HARBOR FL 34695	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] BARBARA G. EWART 727-791-3292
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #

CR2E034 (10/02)

MAIL TO: DIVISION OF CORPS.
UBR FILINGS
P.O. BOX 1500
TALLAHASSEE FL 32302-1500

TOTAL P.01