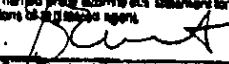


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91868 016 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #F02000002721			
1. Entity Name GALLERIA 300 CORPORATION			
Principal Place of Business 609 MAIN STREET SAFETY HARBOR, FL 34695		Mailing Address 609 HARBOR HILL DRIVE SAFETY HARBOR, FL 34695	
2. Principal Place of Business		3. Mailing Address P.O. Box 114	
Bure. Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State SAFETY HARBOR FL	
Zip		Zip 34695	
Country		Country	
4. Name and Address of Current Registered Agent WALL, BARBARA G 609 HARBOR HILL DRIVE SAFETY HARBOR, FL 34695		5. Name and Address of New Registered Agent EWERT BARBARA G. 509 MAIN STREET SAFETY HARBOR FL 34695	
6. The above named entity hereby certifies for the purpose of changing its registered office or registered agent, or both, in the State of Florida, the obligations to file this report.		7. I am familiar with, and agree to, the obligations to file this report.	
SIGNATURE: 		DATE: 4/30/03	
8. Election Campaign Financing True/False Contribution: ☐ \$5,000 May Be Added to Fees		9. Additional/Changes to Officers and Directors in 11	
10. OFFICERS AND DIRECTORS		11. ADDITIONAL/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME TITLE STREET ADDRESS CITY-ST-ZIP	NAME TITLE STREET ADDRESS CITY-ST-ZIP	NAME TITLE STREET ADDRESS CITY-ST-ZIP	NAME TITLE STREET ADDRESS CITY-ST-ZIP
WALL, BARBARA G 609 HARBOR HILL DRIVE SAFETY HARBOR, FL 34695	EWERT BARBARA G. 509 MAIN STREET SAFETY HARBOR FL 34695		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), Florida Statutes. I further certify that the information reported on this report of subsidiaries 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, changed, or on an advisory board or committee, with no other title or position.			
SIGNATURE: 		DATE: 7-21-791-3292	
PRINT NAME AND TITLE OF REGISTERED AGENT OR SECRETARY		PRINT NAME	
BARBARA G. EWERT			

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