

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90780 019 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000029771			
1. Entity Name GALIAH INC.			
Principal Place of Business 2402 NW 36TH STREET BOCA RATON, FL 33431		Mailing Address PO BOX 810545 BOCA RATON, FL 33481	
2. Principal Place of Business 1600 SARNO RD. Suite, Apt. #, etc. # 119A		3. Mailing Address PO Box 547 Suite, Apt. #, etc.	
City & State MELBOURNE, FL		City & State MELBOURNE, FL	
Zip 32935		Zip 32902	
Country USA		Country USA	
4. FEI Number 35-2163070		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CHAPEKIS, GEORGE T 17689 PINE NEEDLE TERRACE BOCA RATON, FL 33487		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 _____ Signed, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when withdrawing) DATE _____			
FILE NOW IN FEE IS \$750.00 After May 1, 2003 Fee will be \$250.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P GALLAGHER, LEWIS 2402 NW 36TH STREET BOCA RATON, FL 33431 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP P GALLAGHER, LEWIS 779 FLOYD BENNETT DR MELBOURNE, FL 32901 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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)(1), 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 appointed to administer 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 or without approval.			
SIGNATURE: 		3-7-03 561-212-3667	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

10036182

☒ CHECK HERE IF MAKING CHANGES

CR03034 (10/02)