

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90128 007 ***150.00

DOCUMENT # P93000081530
1. Entity Name GALLEY ENTERPRISES, INC.

Principal Place of Business 90 LAKE DRIVE PALM BEACH SHORES, FL 33404	Mailing Address 90 LAKE DRIVE PALM BEACH SHORES, FL 33404
--	--

2. Principal Place of Business 1011 SINGER DRIVE Suite, Apt. #, etc.	3. Mailing Address 1011 SINGER DRIVE Suite, Apt. #, etc.
---	---

City & State WEST PALM BEACH, FL	City & State WEST PALM BEACH, FL
Zip 33404	Zip 33404
Country PALM BEACH	Country PALM BEACH

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0450331	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name CAROLYN MENTING WITHERSPOON
	Street Address (P.O. Box Number is Not Acceptable)
	1011 SINGER DRIVE
	City WEST PALM BEACH FL Zip Code 33404

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.

SIGNATURE *Carolyn Menting Witherspoon*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	---

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTD NAME WITHERSPOON, BRUCE STREET ADDRESS 90 LAKE DRIVE CITY-ST-ZIP PALM BEACH SHORES, FL 33404	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SVD NAME CAROLYN MENTING WITHERSPOON STREET ADDRESS 104 SINGER DRIVE CITY-ST-ZIP WEST PALM BEACH, FL 33404	<input type="checkbox"/> Delete	TITLE PT NAME CAROLYN MENTING WITHERSPOON STREET ADDRESS 1011 SINGER DRIVE CITY-ST-ZIP WEST PALM BEACH, FL 33404	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carolyn Menting Witherspoon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR