

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90249 044 ***150.00

DOCUMENT # P93000081530

1. Entity Name

GALLEY ENTERPRISES, INC.

Principal Place of Business

~~1011 SINGER DRIVE~~
~~WEST PALM BEACH FL 33404~~

Mailing Address

~~1011 SINGER DRIVE~~
~~WEST PALM BEACH FL 33404~~

2. Principal Place of Business

14655 63rd Ct N

Suite, Apt. #, etc.

City & State

LOXAHATCHEE FL

Zip **33470**

Country

3. Mailing Address

14655 63rd Ct N

Suite, Apt. #, etc.

City & State

LOXAHATCHEE FL

Zip **33470**

Country

4. FEI Number

65-0450331

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WITHERSPOON, CAROLYN MENTING

~~1011 SINGER DRIVE~~ **14655 63RD CT N**
~~WEST PALM BEACH FL 33404~~ **LOXAHATCHEE FL**
33470

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.

SIGNATURE

Carolyn Menting Witherspoon

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 26.02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **SVD** ☐ Delete
NAME **WITHERSPOON, CAROLYN M**
STREET ADDRESS **1011 SINGER DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33404**

TITLE **PT** ☐ Delete
NAME **WITHERSPOON, CAROLYN M**
STREET ADDRESS **1011 SINGER DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33404**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **RICHARD BERCHIOILLY**
STREET ADDRESS **12059 67th ST N.**
CITY-ST-ZIP **WPB FL. 33412 C**

TITLE ☐ Change ☒ Addition
NAME **STEVEN BERCHIOILLY**
STREET ADDRESS **14655 63rd Ct N.**
CITY-ST-ZIP **LOXAHATCHEE FL, 33470 MD**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

April 26.02

CR2E034 (9/01)