

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90181 025 ***150.00

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DOCUMENT # P94000093543

1. Entity Name

GALAXY FUN RAISING, INC.



Principal Place of Business

1725 SOUTH NOVA RD.
UNIT E-3
SOUTH DAYTONA, FL 32119

Mailing Address

1725 SOUTH NOVA RD.
UNIT E-3
SOUTH DAYTONA FL 32119

2. Principal Place of Business

796 Sanders Road

3. Mailing Address

796 Sanders Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1

Suite 1

City & State

City & State

Port Orange, FL

Port Orange, FL

Zip

Country

Zip

Country

32127

USA

32127

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3295748

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DENTON, LORI D

1725 S. NOVA RD.

UNIT E-3

SOUTH DAYTONA FL 32119

Name

Street Address (P.O. Box Numbers Not Acceptable)

796 Sanders Road

Suite 1

Port Orange

FL

Zip Code

32127

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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	V	<input type="checkbox"/> Delete
NAME	DENTON, PAUL C	
STREET ADDRESS	4659 SECRET RIVER TRAIL	
CITY-ST-ZIP	PORT ORANGE FL 32119	
TITLE	P	<input type="checkbox"/> Delete
NAME	DENTON, LORI D	
STREET ADDRESS	4659 SECRET RIVER TRAIL	
CITY-ST-ZIP	PORT ORANGE FL 32119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)