

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90114 042 ***150.00

DOCUMENT # P95000079661

1. Entity Name
GALLICO, INC.

Principal Place of Business

**10929 NW 2 STREET
 PLANTATION FL 33324
 US**

Mailing Address

**P.O. BOX 16565
 PLANTATION FL 33318**

2. Principal Place of Business

7993 Chambers Ct.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lake Worth FL

City & State

Zip

Zip

33467

Country

Country

4. FEI Number

65-0615266

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GALLIMORE, DAVID
 10929 NW 2ND STREET
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name **Gallimore David**
 Street Address (P.O. Box Number is Not Acceptable)
7993 Chambers Ct.
 City **Lake Worth** **FL** Zip Code **33467**

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

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. (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 **D** ☐ Delete
 NAME **GALLIMORE, DAVID**
 STREET ADDRESS **10929 NW 2 STREET**
 CITY-ST-ZIP **PLANTATION FL**

TITLE **D** ☐ Delete
 NAME **GALLIMORE, THERESA**
 STREET ADDRESS **10929 NW 2 STREET**
 CITY-ST-ZIP **PLANTATION FL**

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
 STREET ADDRESS **7993 Chambers Ct**
 CITY-ST-ZIP **Lake Worth FL 33467**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **7993 Chambers Ct.**
 CITY-ST-ZIP **Lake Worth FL 33467**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-02 954 205 9773

CR2E034 (9/01)