

2001 UNIFORM BUSINESS REPORT (UBR)

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

07-10-2001 90002 043 ***150.00

0100:28
 AV

DOCUMENT # P96000004715

1. Entity Name

SUSAN GALLO TRAVEL, INC.

Principal Place of Business

**4142 U.S. HIGHWAY 19
 NEW PORT RICHEY FL 34652**

Mailing Address

**4142 U.S. HIGHWAY 19
 NEW PORT RICHEY FL 34652**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3355863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

GALLO, SUSAN

**4142 U.S. HIGHWAY 19
 NEW PORT RICHEY FL 34652**

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

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **GALLO, SUSAN G**
 STREET ADDRESS **4142 U.S. HIGHWAY 19**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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 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:

Susan G Gallo
SUSAN G GALLO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/01 727 841-5041
 Date Daytime Phone #

CR2E034 (5/01)

Attachment

SUSAN
GALLO



Dot # P9600004715
BOU59744

July 2, 2001

I think that there must be a mailing problem here. I never received a first notice and I was watching for it because last year I had to pay \$750.00.

I don't think that I received any thing last year either, but I did pay the \$750.00, that is why this year I really was watching for it.

Please waive the late fee, I am a small corporation and really can't afford to pay extra for expenses.

Sincerely,

A handwritten signature in cursive script that reads "Susan G Gallo".

Susan G Gallo
Susan Gallo Travel, Inc.
FEI 59- 3355863

Susan Gallo Travel

4142 US 19 North
New Port Richey, FL 34652

Phone: (727) 841-0504
Fax: (727) 841-0814