

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000026085

1. Entity Name
GALAXY MARINE, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90049 013 ***150.00

Principal Place of Business
1778 SW 18TH ST
WILLISTEN FL 32696

Mailing Address
P.O. BOX 934
BELL FL 32619



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

PO Box 1914

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State Trenton FL

4. FEI Number 59-3549126

Applied For
Not Applicable

Zip

Country

Zip

Country

32693 Gilchrist

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

LARAMORE, RODGER
6280 NW 18TH TERRACE
BELL FL 32619

Name Rodger Laramore

Street Address (P.O. Box Number is Not Acceptable)

2239 SW ST RD-26

City Trenton

FL

Zip Code 32693

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LARAMORE, RODGER 2239 SW ST RD 26 TRENTON FL 32693	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rodger D. Laramore

Date

Daytime Phone #

1-10-01 1352-529-0265

0471574

CR2E034 (10/00)