

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000042563

1. Entity Name  
**GALACTIC COMICS, INC.**

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90153 028 \*\*\*150.00

Principal Place of Business

**482 7TH PLACE  
VERO BEACH FL 32962  
US**

Mailing Address

**P O BOX 6268  
VERO BEACH FL 32961  
US**

2. Principal Place of Business

**771 WAVERLY TERRACE**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 1901**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**JENSEN BEACH, FL**

Zip  
**34957**

Country  
**U.S.A.**

City & State

**JENSEN BEACH, FL**

Zip  
**34458-1901**

Country  
**U.S.A.**

4. FEI Number

**65-0692867**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ISOM, LYNN  
482 7TH PLACE  
VERO BEACH FL 32962**

7. Name and Address of New Registered Agent

Name  
**ISOM, LYNN**

Street Address (P.O. Box Number is Not Acceptable)  
**771 WAVERLY TERRACE**

City  
**JENSEN BEACH**

FL

Zip Code  
**34957**

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 re-registering)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ISOM, LYNN 482 7TH PLACE VERO BEACH FL 32960</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BRUNNER, GEOFF 1508 LOCUST ST #202 ELKHART IN 46514</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ISOM, LYNN 771 WAVERLY TERRACE JENSEN BEACH, FL 34957</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Lynn Isom*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LYNN ISOM, PD**

Date

**4/29/01**

Daytime Phone #

**561-564-9893**

CR2E034 (10/00)