

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90261 031 \*\*\*150.00

**DOCUMENT # P96000042563**

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

Principal Place of Business

**771 WAVERLY TERRACE  
 JENSEN BEACH FL 34957  
 US**

Mailing Address

**PO BOX 1901  
 JESSEN BEACH FL 34958-1901  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2546 GRANADA AVE.**

Suite, Apt. #, etc.

**APT. A**

3. Mailing Address

**P.O. Box 6268**

Suite, Apt. #, etc.

City & State  
**VERO BEACH, FLORIDA**

City & State  
**VERO BEACH, FLORIDA**

Zip  
**32960**

Country  
**U.S.A.**

Zip  
**32961**

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  
 771 WAVERLY TERRACE  
 JENSEN BEACH FL 34957**

7. Name and Address of New Registered Agent

Name

**ISOM, LYNN**

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

**2546 GRANADA AVE. - APT. A**

**VERO BEACH**

City

**FL**

Zip Code

**32960**

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD  
 ISOM, LYNN  
 771 WAVERLY TERRACE  
 JENSEN BEACH FL 34957** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SD  
 BRUNNER, GEOFF  
 1508 LOCUST ST #202  
 ELKHART IN 46514** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD  
 ISOM, LYNN  
 2546 GRANADA AVE. - APT. A  
 VERO BEACH, FL 32960** ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SD  
 BRUNNER, GEOFF  
 2546 GRANADA AVE. - APT. A  
 VERO BEACH, FL 32960** ☐ Change ☐ Addition

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

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 CITY-ST-ZIP  
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 CITY-ST-ZIP  
☐ Change ☐ 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, President*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**LYNN ISOM**

**4/30/2002** **772-564-9893**  
 Date Daytime Phone #

CR2E034 (9/01)