

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000085162

FILED  
Mar 10, 2003  
Secretary of State

Entity Name: GALARIS ENTERPRISES, INC.

## Current Principal Place of Business:

1299 MAIN ST  
SUITE G  
DUNEDIN, FL 34698

## New Principal Place of Business:

## Current Mailing Address:

1299 MAIN ST  
SUITE G  
DUNEDIN, FL 34698

## New Mailing Address:

C/O STERLING MANAGEMENT, INC.  
2880 SCHERER DRIVE #840  
ST. PETERSBURG, FL 33716 US

FEI Number: 59-3409489

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAMPATHAKIS, JAMES D  
1299 MAIN ST  
SUITE E  
DUNEDIN, FL 34698

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GALARIS, SEAN  
Address: 809 BAY ESPLANDE  
City-St-Zip: CLEARWATER, FL 33767

Title: STD ( ) Delete  
Name: GALARIC, JOHN  
Address: 301 REAR LAFAYETTE ST  
City-St-Zip: SALEM, MA 01970

Title: D ( ) Delete  
Name: LAMPATHAKIS, JAMES  
Address: 1299 MAIN ST  
City-St-Zip: DUNEDIN, FL 34698

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SEAN GALARIS

PD

03/10/2003

Electronic Signature of Signing Officer or Director

Date