

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90159 028 ***150.00

DOCUMENT # P97000001480

1. Entity Name
JACK GALE, INC.



Principal Place of Business
~~3319 SW WOODCREEK-TRL~~
PALM CITY FL 34990

Mailing Address
~~3319 SW WOODCREEK-TRL~~
PALM CITY FL 34990

2. Principal Place of Business

4683 SW Bermuda Way

Suite, Apt. #, etc.

3. Mailing Address

4683 SW Bermuda Way

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Palm City FL

City & State
Palm City FL

4. FEI Number **65-0734658**

Applied For
Not Applicable

Zip
34990

Country
USA

Zip
34990

Country
USA

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

LOVEY, GALE

~~3319 SW WOODCREEK-TRL~~ *4683 SW Bermuda Way*
PALM CITY FL 34990

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jack Gale*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☐ Delete
NAME **GALE, JACK**
STREET ADDRESS ~~3319 SW WOODCREEK-TRL~~ *4683 SW Bermuda Way*
CITY-ST-ZIP **PALM CITY FL 34990**

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

TITLE **VT** ☐ Delete
NAME **GALE, LOVEY**
STREET ADDRESS ~~3319 SW WOODCREEK-TRL~~ *4683 SW Bermuda Way*
CITY-ST-ZIP **PALM CITY FL 34990**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOVEY GALE

1/29/2003

772-2195874

Daytime Phone #

CR2E034 (10/02)