

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000038679****1. Entity Name**
GALON TRANSPORT, INC.**FILED**
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90160 010 ***150.00

Principal Place of Business**9651 ROYAL PALM AVE**
NEW PORT RICHEY FL 34654**Mailing Address****9651 ROYAL PALM AVE**
NEW PORT RICHEY FL 34654**2. Principal Place of Business****12128 Quail Ridge Dr.**

Suite, Apt. #, etc.

3. Mailing Address**12128 Quail Ridge Dr.**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State**Spring Hill, FL.****City & State****Spring Hill, FL.****4. FEI Number****59-3446292****Applied For****Not Applicable****Zip****34610****Country****USA****Zip****34610****Country****USA****5. Certificate of Status Desired** ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****GALON, GEORGE T**
9651 ROYAL PALM AVE
NEW PORT RICHEY FL 34654**7. Name and Address of New Registered Agent****Name****Louis R. Galon****Street Address (P.O. Box Number is Not Acceptable)****12128 Quail Ridge Dr.****City****Spring Hill****FL****Zip Code**
34610**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***Louis R. Galon***Louis R. Galon, Pres.****3/20/01****DATE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
	P			
	GALON, LOUIS	9651 ROYAL PALM AVE	NEW PORT RICHEY FL 34654	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	P,D				
	Louis R. Galon	12128 Quail Ridge Dr.	Spring Hill, FL. 34610		

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:***Louis R. Galon Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3/20/01****(813) 299-2669****Date****Daytime Phone #****Louis R. Galon, Pres.**

CR2E034 (10/00)