

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000837

1. Entity Name
REHGALLAG, INC.

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90033 035 ***150.00

Principal Place of Business

2140 DREW ST., STE.H-I-J
CLEARWATER FL 33765

Mailing Address

2140 DREW ST., STE.H-I-J
CLEARWATER FL 33765

2. Principal Place of Business

3780 TAMPA RD

3. Mailing Address

3780 TAMPA RD

Suite, Apt. #, etc.

SUITE C-5

Suite, Apt. #, etc.

SUITE C-5

City & State

OLDSMAR, FLORIDA

City & State

OLDSMAR, FLORIDA

Zip

34677

Country

USA

Zip

34677

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3487634

Applied For

Not Applicable

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

GALLAGHER, DAN
2140 DREW ST., STE.H-I-J
CLEARWATER FL 33765

Name

DAN GALLAGHER

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

3780 TAMPA RD SUITE C-5

City

OLDSMAR, FL

FL

Zip Code

34677

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 DAN GALLAGHER - PRESIDENT

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GALLAGHER, DAN	
STREET ADDRESS	46 PENZANCE CT	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CAREY, DENISE	
STREET ADDRESS	46 PENZANCE CT	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: DAN GALLAGHER PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-854-2573

CR2E034 (10/00)