

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90099 019 ***150.00

DOCUMENT # P98000006970

1. Entity Name
GALAXY TELECOMMUNICATIONS CORPORATION

Principal Place of Business **Mailing Address**
 12600 S. BELCHER RD 12600 S. BELCHER RD
 LARGO FL 33773 LARGO FL 33773
 US US

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3603812** **Applied For**
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

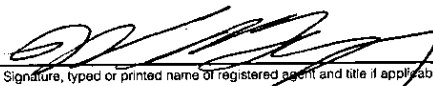
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEIGER, WILLIAM
7850 ULMERTON ROAD, #8
LARGO FL 33771

Name
GEIGER WILLIAM
Street Address (P.O. Box Number is Not Acceptable)
12600 S. BELCHER Rd. 101B
Largo, FL
City **FL** **33773**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **STD** ☒ **Delete**
NAME **HERSEM, THOMAS G**
STREET ADDRESS **1421 COURT STREET #B**
CITY-ST-ZIP **CLEARWATER FL 34616**

TITLE **STD** ☐ **Change** ☒ **Addition**
NAME **GEIGER, WILLIAM**
STREET ADDRESS **12600 S. BELCHER Rd. 101B**
CITY-ST-ZIP **LARGO, FL 33773**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)