FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 26, 2002 8:00 am Secretary of State P98000019073 DOCUMENT # 08-26-2002 90069 046 ***150.00 GALAXY MANAGEMENT OF JACKSONVILLE, INC. Principal Place of Business Mailing Address 3752 BLANDING BOULEVARD 3752 BLANDING BOULEVARD กดาของกิน JACKSONVILLE FL 32210 JACKSONVILLE FL 32210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3495504 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City 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 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees \Box OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD TITLE Delete TITLE Change ■ Addition SHAW, ROB L NAME NAME 3752 BLANDING BOULEVARD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32210 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE

NAME

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13. I hereby certify that the information indicated on this report or supple. of the corporation or the recei changed, or on an attachmen

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in a small have the same legal effect as if made under oath; that I am an officer or director equines the foot, Florida Statutes; and that my name appears in Block 11 or Block 12 if

☐ Delete

loes not

Daytime Phone #

☐ Change

☐ Addition

☐ Addition





P98000019073

Members, American Institute of Certified Public Accountants Private Companies Practice Section Arizona Society of Certified Public Accountants

August 19, 2002

Division of Corporations Uniform Business Report Filings P O Box 1500 Tallahassee, Fl 32302-1500

RE: Galaxy Management of Jacksonville, Inc.

FEI Number: 59-3495504

Enclosed is the 2002 Uniform Business Report for Galaxy Management of Jacksonville, Inc. with the filing fees of \$150.00.

This report was not filed by June 2002 because the enclosed is the only notice received by our client, therefore, we are requesting that you waive the \$400.00 additional fees.

We appreciate your consideration of this matter. Thank you.

Sincerely,

Mitchell & Roediger

Certified Public Accountants

Enclosures