

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90069 046 ***150.00

DOCUMENT # P98000019073

1. Entity Name
GALAXY MANAGEMENT OF JACKSONVILLE, INC.

Principal Place of Business
**3752 BLANDING BOULEVARD
 JACKSONVILLE FL 32210**

Mailing Address
**3752 BLANDING BOULEVARD
 JACKSONVILLE FL 32210**

00155304



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3495504**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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 _____

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD SHAW, ROB L 3752 BLANDING BOULEVARD JACKSONVILLE FL 32210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 correct. 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 Section 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/02

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

P98000019073

MITCHELL
— & —
ROEDIGER
Certified Public Accountants

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

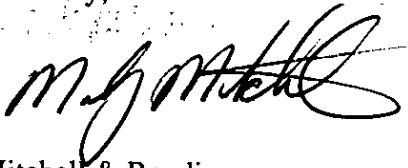
RE: Galaxy Management of Jacksonville, Inc.
FEI Number: 59-3495504

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