FROM : Wiebel & Hennells, PA CPA's PHONE NO. : 941 992 6207

FILED
May 18, 2001 8:00 am
Secretary of State

04-10-2001 90446 019 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045019

1. Entity Name
THE GALLAWAY GROUP, INC.

Principal Place of Business	Mailing Address
23720 STONYRIVER PLACE BONITA SPRINGS FL 34135	23720 STONYRIVER PLACE BONITA SPRINGS FL 34135

3245

DO NOT WRITE IN THIS SPACE

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 59-3513832 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
FRASUTT, PETER J.
9220 BONITA BEACH RD. #105
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent
Name: NELIDA CARUFE
Street Address (P.O. Box Number is Not Acceptable): 9240 BONITA BEACH ROAD, SUITE 3305
City: BONITA SPRINGS, FL Zip Code: 34135

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 ✓ Sharon A Gallaway Nelida Carufe 2/9/01
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GALLAWAY, SHARON A	NAME	
STREET ADDRESS	23720 STONYRIVER PLACE	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	CITY-ST-ZIP	
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	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	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: ✓ Sharon A. Gallaway 7/6/01 941/495-9844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #