

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
 05-16-2002 90074 046 ***150.00

DOCUMENT # P98000045019

1. Entity Name
THE GALLAWAY GROUP, INC.

Principal Place of Business

**23720 STONYRIVER PLACE
 BONITA SPRINGS FL 34135**

Mailing Address

**23720 STONYRIVER PLACE
 BONITA SPRINGS FL 34135**

2. Principal Place of Business

**3673 STONE WAY
 Suite, Apt. #, etc.
 ESTERO**

3. Mailing Address

**3673 STONE WAY
 Suite, Apt. #, etc.**

City & State
BONITA SPRINGS, FL

Zip
33928

Country
LEE

City & State
ESTERO, FL

Zip
33928

Country
LEE

4. FEI Number **59-3513802**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CARUFE, NELIDA
 9240 BONITA BEACH ROAD, SUITE 3205
 BONITA SPRINGS FL 34135**

7. Name and Address of New Registered Agent

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.

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, 2002 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

TITLE **SECRETARY** ☐ Delete
 NAME **GALLAWAY, SHARON A**
 STREET ADDRESS **23720 STONYRIVER PLACE**
 CITY-ST-ZIP **BONITA SPRINGS FL**

TITLE **PS** ☐ Delete
 NAME **ANN YANULAVICH**
 STREET ADDRESS **3673 STONE WAY**
 CITY-ST-ZIP **ESTERO, FL 33928**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **T** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **34135**

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 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:

SHARON A GALLAWAY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02
 Date

495-9844
 Daytime Phone #

CR2E034 (9/01)