

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90201 019 ***150.00

041624 AV

DOCUMENT # P98000049938

1. Entity Name

GALBRAITH C.I. INC.



Principal Place of Business
**3429-C SAN BERNADINO DR
DELRAY BEACH FL 33445**

Mailing Address
**3429-C SAN BERNADINO DR
DELRAY BEACH FL 33445**

2. Principal Place of Business

76 Camelia Cir.

3. Mailing Address

76 Camelia Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tequesta, FL

City & State

Tequesta, FL

Zip

33469

Country

USA

Zip

33469

Country

USA

4. FEI Number

65-0845552

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GALBRAITH, JAY
3429 SAN BERNARDINO
DELRAY BEACH FL 33445**

7. Name and Address of New Registered Agent

Name

Jay Galbraith

Street Address (P.O. Box Number is Not Acceptable)

76 Camelia Cir

City

Tequesta

FL

Zip Code

33469

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

Jay Galbraith Pres

(NOTE: Registered Agent Signature required when reinstating)

DATE

03-26-03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GALBRAITH, JAY**
STREET ADDRESS **3429-C SAN BERNADINO DR**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☐ Addition
NAME **76 Camelia Cir**
STREET ADDRESS **Tequesta, FL 33469**
CITY-ST-ZIP **(Address change)**

TITLE **Vice Pres** ☐ Change ☒ Addition
NAME **Mika Galbraith**
STREET ADDRESS **76 Camelia Cir**
CITY-ST-ZIP **Tequesta, FL 33469**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Jay Galbraith Pres

Date

Daytime Phone #

at 561) 901-3089

(561) 575-0657

CR2E034 (10/02)