


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90219 038 \*\*\*150.00

**DOCUMENT # P98000055506**

1. Entity Name  
**GALLO & ASSOCIATES, INC.**



Principal Place of Business  
11 SUNSET DRIVE  
APT. 605  
SARASOTA, FL 34236

Mailing Address  
8051 AL TAMIMI TR. #27  
SARASOTA, FL 34243

2. Principal Place of Business  
5073 BLUE ASH AVE  
Suite, Apt. #, etc.

3. Mailing Address  
5073 BLUE ASH AVENUE  
Suite, Apt. #, etc.

City & State  
SARASOTA, FLORIDA

City & State  
SARASOTA, FLORIDA

Zip  
34241

Country  
U.S.A.

Zip  
34241

Country  
U.S.A.



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
GALLO, ALBERT M  
11 SUNSET DRIVE  
APT. 605  
SARASOTA, FL 34236

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when electing)

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PTD	GALLO, ALBERT M	11 SUNSET DRIVE	SARASOTA, FL 34236	<input type="checkbox"/>
VPSD	GALLO, RACHEL L	11 SUNSET DRIVE	SARASOTA, FL 34236	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT	ALBERT M. GALLO	5073 BLUE ASH AVENUE	SARASOTA, FLORIDA 34241	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VICE-PRESIDENT	RACHEL L. GALLO	5073 BLUE ASH AVENUE	SARASOTA, FLORIDA 34241	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: ALBERT M. GALLO  3/26/03 (941)922-0835  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/02)