

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070928

1. Entity Name
GALAXY LONG DISTANCE, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90106 045 ***150.00

Principal Place of Business
12600 S. BELCHER RD.
#104C
LARGO FL 33778

Mailing Address
7850 ULMERTON RD.
#8
LARGO FL 33771



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
12600 S. Belcher Rd
Suite, Apt. #, etc.
101B
City & State
LARGO FL
Zip
33773
Country
U.S.

4. FEI Number **APPLIED FOR**
FL-3673941

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

6. Name and Address of Current Registered Agent
GEIGER, WILLIAM
7850 ULMERTON RD.
SUITE 8
LARGO FL 33771

7. Name and Address of New Registered Agent
Name
GEIGER, WILLIAM
Address
12600 S. BELCHER Rd
Suite, Apt. #, etc.
101B
City & State
LARGO, FL
Zip
FL 33773

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 DATE _____
(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 | PSTD | <input type="checkbox"/> Delete | TITLE | PSTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GEIGER, WILLIAM | | NAME | GEIGER, WILLIAM | |
| STREET ADDRESS | 7850 ULMERTON RD. #8 | | STREET ADDRESS | 12600 S. BELCHER Rd. 101B | |
| CITY-ST-ZIP | LARGO FL 33771 | | CITY-ST-ZIP | LARGO, FL 33773 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)