FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90255 022 ***150.00

DOCUMENT # P98000085428

1. Entity Name
GALYCHYNA INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
6365 41st. AVENUE N.		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
ST. PETERSBURG, FL			
Zip	Country	Zip	Country
33709	U.S.A.		

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3535310 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: VASIL DOROSH
Street Address (P.O. Box Number is Not Acceptable): 6365 41st. AVENUE N.
City: ST. PETERSBURG FL Zip Code: 33709

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 ✓ [signature] VASIL DOROSH 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT
NAME	VASIL DOROSH
STREET ADDRESS	6365 41st. AVENUE N.
CITY-ST-ZIP	ST. PETERSBURG, FL 33709
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ✓ [signature] VASIL DOROSH PRESIDENT 4/30/03 (727)776-2246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #