

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90252 013 ***150.00

DOCUMENT # P98000100434

1. Entity Name
GALLET & ASSOCIATES GULF COAST, INC.



Principal Place of Business
**3355 COPTER RD
SUITE 8
PENSACOLA FL 32514**

Mailing Address
**320 BEACON PKWY W.
BIRMINGHAM AL 35209**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address
3355 COPTER ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE 8

City & State

City & State
PENSACOLA FL

4. FEI Number **63-1213967**

Applied For

Not Applicable

Zip

Country

Zip

Country

32514

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOHMS, PETER
3355 COPTER RD. SUITE 8
PENSACOLA FL 32514**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GALLET, ALAIN J**
CITY-ST-ZIP **320 BEACON PARKWAY WEST
BIRMINGHAM AL 35209-3104**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MORAN, MARY-S**
CITY-ST-ZIP **320 BEACON PARKWAY WEST
BIRMINGHAM AL 35209-3104**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DOHMS, PETER H**
CITY-ST-ZIP **3355 COPTER RD. SUITE 8
PENSACOLA FL 32514**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 another like empowered.

SIGNATURE:

Signature of Peter H. Dohms
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/03 205-942-1289

CR2F034 (10/02)