

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90032 036 \*\*\*150.00

**DOCUMENT # P99000007152**

1. Entity Name-  
**T.M. GALLAGHER ENTERPRISES, INC.**

Principal Place of Business  
**17 JACANA STREET  
 HILTON HEAD ISLAND SC 29928**

Mailing Address  
**717 EAST OAK STREET  
 KISSIMMEE FL 34744**

2. Principal Place of Business  
**28 Caper's Creek Dr**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Bluffton, SC**

City & State

4. FEI Number **59-3554110**

Applied For  
 Not Applicable

Zip Country  
**29910 USA**

Zip Country

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 -

**SWART, HARRY J  
 717 E OAK STREET  
 KISSIMMEE FL 34744**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

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, 2002 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 NAME  Delete  
**PSD GALLAGHER, TARA M**  
 STREET ADDRESS **17 JACANA STREET**  
 CITY-ST-ZIP **HILTON HEAD ISLAND SC 29928**

TITLE NAME  Change  Addition  
**D, P, S, T SELBO, TARA M**  
 STREET ADDRESS **28 CAPER'S CREEK DR 339 WHITAKER ST. APT 7**  
 CITY-ST-ZIP **BLUFFTON, SC 29910 SAVANNAH, GA 31408**

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
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TITLE NAME  Change  Addition  
 STREET ADDRESS  
 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:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/15/02** Daytime Phone # **912 236 6688**

CR2337 (10/01)