

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90081 015 ***150.00

DOCUMENT # P99000007755

1. Entity Name

GALILEOWARE, INC.

Principal Place of Business

Mailing Address

**2441 BELLEVUE AVE.
 DAYTONA BEACH FL 32114**

**2441 BELLEVUE AVE.
 DAYTONA BEACH FL 32114-5615**

2. Principal Place of Business

176 E. Baywood SQ
 Suite, Apt. #, etc.

3. Mailing Address

176 E. Baywood SQ
 Suite, Apt. #, etc.

City & State

Daytona Beach, Florida

City & State

Daytona Beach, Florida

4. FEI Number

59-3551913

Applied For

Not Applicable

Zip

Country

32119-1400 USA

Zip

Country

32119-1400 USA

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

**LOGUIDICE, JOSEPH A
 2441 BELLEVUE AVE.
 DAYTONA BEACH FL 32114**

Name

JOHN D. WASMUND

Street Address (P.O. Box Number is Not Acceptable)

176 E. Baywood SQ

City

Daytona Beach

FL

Zip Code

32119

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.

JOHN D. WASMUND

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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 **D** ☐ Delete
 NAME **WASMUND, JOHN D**
 STREET ADDRESS **2441 BELLEVUE AVE.**
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☒ Change ☐ Addition
 NAME **176 E. Baywood SQ**
 STREET ADDRESS **Daytona Beach, FL 32119-1400**
 CITY-ST-ZIP **Daytona Beach, FL 32119-1400**

TITLE **D** ☐ Delete
 NAME **DEJESUS-WASMUND, SANDRA E**
 STREET ADDRESS **2441 BELLEVUE AVE.**
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☒ Change ☐ Addition
 NAME **176 E. Baywood SQ**
 STREET ADDRESS **Daytona Beach, FL 32119-1400**
 CITY-ST-ZIP **Daytona Beach, FL 32119-1400**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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:

JOHN D. WASMUND
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-00 904-761-1045

CR2E034 (9/99)