## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # P9900007755 1. Entity Name GALILEOWARE, INC. 05-02-2001 90062 008 \*\*\*150.00 Mailing Address Principal Place of Business 2441 BELLEVUE AVE. 2441 BELLEVUE AVE. DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 2. Principal Place of Business 3. Mailing Address 76 E, Baywood SG 76 E. BAYWOOD SQ Suite, Apt. #, etc. Suite; Apt. #, etc. DO NOT WRITE IN THIS SPACE Daytona Beach Applied For City & State City & State 4. FEI Number 59-3551913 Beach, FLORIDA FLOKIDA Dautona Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 32119 Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LANDINZACU, CE UHOL LOGUIDICE, JOSEPH A Street Address (P.O. Box Number is Not Acceptable) 2441 BELLEVUE AVE. E. BAYWOOD DAYTONA BEACH FL 32114 Zip Code Daybourg 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution, Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE Change ☐ Addition TITLE ☐ Delete WASMUND, JOHN D NAME JOHN DI WASMUND NAME 2441 BELLEVUE AVE. 176 E. Baywood SQ STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32114 CITY-ST-ZIP CITY-ST-ZIP Daylone Beach, FL 32119 ☐ Delete TITLE Change Addition TITLE DE-JESÚS, SANDRA DEJESUS-WASMUND, SANDRA E NAME NAME 176 Er Baywood So 2441 BELLEVUE AVE. STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32114 CITY - ST- 7IP CITY-ST-ZIP Daytona Beach, FL 32119 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME \_\_ .\_ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F Change ☐ 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