

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90084 045 ***150.00

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DOCUMENT # P99000036664

1. Entity Name
GALLION COMPANY

Principal Place of Business

2111 PINEAPPLE AVE.
MELBOURNE FL 32935

Mailing Address

PO BOX 362142
MELBOURNE FL 32936

2. Principal Place of Business

3. Mailing Address

2121 Pineapple Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Melbourne FL

Zip

Country

Zip

Country

32935

USA

4. FEI Number

59-3574563

Applied For

Not Applicable

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

KOSTRO, VICTOR S
1825 RIVERVIEW DR.
MELBOURNE FL 32901

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 reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

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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
STREET ADDRESS
CITY-ST-ZIP

D
GALLION, TERRY L
1020 HIDDEN HARBOUR DRIVE APT D2
MELBOURNE FL 32935

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
GALLION, TERRY L
2121 Pineapple Ave
Melbourne FL 32935

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
GALLION, CHERYL L
3112 NEWTON AVENUE APT C202
TORRANCE CA 90505

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

TERRY L GALLION
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 MAR 02

Date

321 795 7670

Daytime Phone #

CR2E034 (9/01)