2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90352 032 ***158.75

DOCUMENT # P99000043581

1. Entity Name

GALAXY EXCHANGE COMPANY

Principal Place of Business	Mailing Address
2345 SAND LAKE ROAD SUITE 100 ORLANDO FL 32809	2345 SAND LAKE ROAD SUITE 100 ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3589292 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ■ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KORSHAK, STEPHEN D ESQ.
2345 SAND LAKE ROAD
SUITE 100
ORLANDO FL 32809

7. Name and Address of New Registered Agent

Name: KORSHAK, STEPHEN D ESQ.

Street Address (P.O. Box Number is Not Acceptable): 2345 SAND LAKE ROAD, SUITE 120

City: ORLANDO **FL** Zip Code: 32809

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	CEOD LINDEN, DEBORAH L 2345 SAND LAKE ROAD ORLANDO FL 32809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD LINDEN, DEBORAH L 2345 SAND LAKE ROAD, STE 100 ORLANDO FL 32809	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P STUMBRAS-SANCHEZ, SULYN 2345 SAND LAKE ROAD, STE 100 ORLANDO FL 32809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ERFURTH, CARY J 2345 SAND LAKE ROAD, STE 100 ORLANDO FL 02809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ERFURTH, CARY J 2345 SAND LAKE ROAD, STE 100 ORLANDO FL 32809	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEBB, ROBERT J 2345 SAND LAKE ROAD, STE 100 ORLANDO FL 32809	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HOLBROOK, KAREN S 2345 SAND LAKE ROAD, STE 100 ORLANDO FL 32809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: Sulyn Stumbras-Sanchez 04/16/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

407-859-8900