

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0014573 AV

DOCUMENT # **P990000043581**

1. Entity Name
GALAXY EXCHANGE COMPANY



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 12 AM 8:00

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

Mailing Address
**2345 SAND LAKE ROAD
SUITE 100
ORLANDO FL 32809**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3589292**

Applied For
Not Applicable

Zip Country

Zip Country

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

☐ CHECK HERE IF MAKING CHANGES *MRS*

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KORSHAK, STEPHEN D ESQ.
2345 SAND LAKE ROAD
SUITE 120
ORLANDO FL 32809**

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONAL OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
LINDEN, DEBORAH L
2345 SAND LAKE RD STE 100
ORLANDO FL 32809** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
08/12/03 01035-000 #558.75 ☐ 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
**100022241511
08/12/03--01035--008 **558.75** ☐ 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
☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/08/03

407-859-8900

Date

Daytime Phone #

CR2E034 (4/03)