

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045852

1. Entity Name  
GALAXY WAREHOUSE, INC.

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90059 040 \*\*\*150.00

Principal Place of Business

~~208 N. PARROTT AVE.~~  
~~OKEECHOBEE FL 34972~~

Mailing Address

~~208 N. PARROTT AVE.~~  
~~OKEECHOBEE FL 34972~~

**NEW ADDRESS**  
←

3050 SW 3<sup>rd</sup> Terrace

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Okeechobee

City & State

Okeechobee

Zip  
FL

Country

34974

Zip

FL

Country

34974

4. FEI Number 65-0933275

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

GILES, DOUGLAS  
2251 HAMMONDVILLE RD.  
POMPANO BEACH FL 33069

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 *Douglas Giles*

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

(NOTE: Registered Agent signature required when reinstating)

1-18-01

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, 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	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, HAYNES E	
STREET ADDRESS	208 N. PARROTT AVE.	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARBER, CATHY F	
STREET ADDRESS	208 N. PARROTT AVE.	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William H. Giles	
STREET ADDRESS	2251 Hammondville Road	
CITY-ST-ZIP	Pompano Beach FL 33069	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Douglas Giles	
STREET ADDRESS	2251 Hammondville Road	
CITY-ST-ZIP	Pompano Beach FL 33069	
TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda Giles	
STREET ADDRESS	2251 Hammondville Road	
CITY-ST-ZIP	Pompano Beach FL 33069	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*William H. Giles*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
William H. Giles

1-18-01

Date

954.972.0407

Daytime Phone #

CR2E034 (10/00)