

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

0132661 AV

**DOCUMENT # P99000048929**

1. Entity Name  
**D & N REALTY, INC.**



04-14-2003 90030 027 \*\*\*150.00

Principal Place of Business  
**5570 KORBIN AVE  
ROCKLEDGE FL 32955  
US**

Mailing Address  
**5570 KORBIN AVE  
ROCKLEDGE FL 32955  
US**



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  
**65-0934129**

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

**GALASSO, DANIEL JR.  
1331 HAUREST NW  
PALM BAY FL 32907**

Name  
**GALASSO, Daniel JR.**  
Street Address (R.O. Box Number is Not Acceptable)  
**1331 Havre Street N.W.**  
City **Palm Bay** FL Zip Code **32907**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **GALASSO, DANIEL JR.**  
CITY-ST-ZIP **1331 NW HAVRE STREET  
PALM BAY FL 32907**

TITLE ☒ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **GALASSO, Daniel JR.**  
CITY-ST-ZIP **1331 Havre Street N.W.  
Palm Bay, FL 32907**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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: **Daniel Galasso**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/03** (32)  
**508-1920**  
Date Daytime Phone #

CR2E034 (10/02)