

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90040 006 ***150.00

DOCUMENT # P99000082601

1. Entity Name
GALLAGHER APPRAISAL SERVICE, INC.

Principal Place of Business Mailing Address
~~600 SOUTH YONGE STREET, SUITE 8A & B~~ P O BOX 250483
~~ORMOND BEACH FL 32174~~ HOLLY HILL FL 32125
1501 Ridgewood Ave, Ste 107
Holly Hill, FL 32117



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3596791		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Not Applicable			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
GALLAGHER, CONSTANCE 600 SOUTH YONGE STREET, SUITE 8A & B ORMOND BEACH FL 32174 1501 Ridge Wood Ave, Ste 107 Holly Hill, FL 32117				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 *Constance O'Malley* DATE **1/18/2001**
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. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALLAGHER, CONSTANCE A 600 SOUTH YONGE STREET, SUITE 8A & B Ste 107 ORMOND BEACH FL 32174 1501 Ridge Wood Ave Holly Hill, FL 32117	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael L. Gallagher 1610 Johnson Ln Holly Hill, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON, MICHAEL 2017 EPIC COURT DELTONA FL 32738	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Milton E Newton III 52 Beechwood Ave Ormond Beach, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, MELISA 31353 EVERGREEN DR DELAND FL 32720	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NEWTON, COLLEEN M 52 BEECHWOOD AVE ORMOND BEACH FL 32176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WREND, GEORGE V 625 N. HALIFAX UNIT 18 DAYTONA BEACH FL 32118	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, RUTH H 397 BLYTHEVILLE AVE DELTONA FL 32725	TITLE 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: *Constance O'Malley, President* DATE: **1/18/2001** DAYTIME PHONE #: **904-615-8814**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)