

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082601

1. Entity Name
GALLAGHER APPRAISAL SERVICE, INC.

Principal Place of Business Mailing Address
1501 RIDGEWOOD AVE, SUITE 107 P O BOX 250483
HOLLY HILL FL 32117 HOLLY HILL FL 32125

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 59-3596791 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

GALLAGHER, CONSTANCE
1501 RIDGEWOOD AVE, SUITE 107
HOLLY HILL FL 32117

7. Name and Address of New Registered Agent

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 *Constance A. Gallagher President (Same)* 1/7/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GALLAGHER, CONSTANCE A	
STREET ADDRESS	1501 RIDGEWOOD AVE, SUITE 107	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, MICHAEL	
STREET ADDRESS	2017 EPIC COURT	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLINS, MELISA	
STREET ADDRESS	31353 EVERGREEN DR	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	STD	<input type="checkbox"/> Delete
NAME	NEWTON, COLLEEN M	
STREET ADDRESS	52 BEECHWOOD AVE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	V	<input type="checkbox"/> Delete
NAME	WREND, GEORGE V	
STREET ADDRESS	625 N. HALIFAX UNIT 18	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURRAY, RUTH H	
STREET ADDRESS	397-BLYTHEVILLE AVE	
CITY-ST-ZIP	DELTONA FL 32725	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL L. GALLAGHER	
STREET ADDRESS	1610 FOLSOM DR.	
CITY-ST-ZIP	HOLLY HILL, FL 32117	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILTON E. NEWTON III	
STREET ADDRESS	545 S. RIDGEWOOD AVE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL C COLLINS	
STREET ADDRESS	31353 EVERGREEN DR	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CYNTHIA L. GRADY	
STREET ADDRESS	545 S. RIDGEWOOD AVE	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
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: *Constance A. Gallagher* CONSTANCE A. GALLAGHER, PRESIDENT 1/7/2002 386-615-8814
Signature and typed or printed name of signing officer or director Date Daytime Phone #

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90012 025 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)