

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90098 033 \*\*\*158.75

**DOCUMENT # P99000097203**

1. Entity Name

**GALAXY TITLE AGENCY, INC.**

Principal Place of Business

**10138 U.S. 19**  
**PORT RICHEY FL 34668**

Mailing Address

**10138 U.S. 19**  
**PORT RICHEY FL 34668**

2. Principal Place of Business

**4212 LITTLE ROAD**

3. Mailing Address

**SAME AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**NEW PORT RICHEY FL**

City &amp; State

4. FEI Number

**59-3606919**

Applied For

Not Applicable

Zip

Country

**34655****USA**

Zip

Country

5. Certificate of Status Desired

☒**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, MARLIE B****10138 U.S. 19****PORT RICHEY FL 34668**

7. Name and Address of New Registered Agent

Name

**DWYER, MARGARET L.**

Street Address (P.O. Box Number is Not Acceptable)

**10138 U.S. 19**

City

**PORT RICHEY****FL**

Zip Code

**34668**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/7/01**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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PSD	SMITH, MARLIE B	10138 U.S. 19	PORT RICHEY FL 34668	<input checked="" type="checkbox"/>	PSD	FRANK, JOHN	10138 U.S. 19	PORT RICHEY FL 34668	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	VP	MOWRY, LORI	10138 U.S. 19	PORT RICHEY FL 34668	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	STD	DWYER, MARGARET L.	10138 U.S. 19	PORT RICHEY FL 34668	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Margaret L Dwyer****2/7/01****727-862-5003**

CR2E034 (10/00)