## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 18, 2002 8:00 am Secretary of State DOCUMENT # V34153 1. Entity Name GALLIMORE DEVELOPMENT, INC. 04-18-2002 90340 003 \*\*\*150.00 Principal Place of Business Mailing Address 557 N WYMORE ROAD 557 N WYMORE ROAD STE 102 **STE 102** MAITLAND FL 32751 MAITLAND FL 32751 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number City & State 59-3124841 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GALLIMORE, ELLSWORTH G. Street Address (P.O. Box Number is Not Acceptable) 557 N WYMORE ROAD **STE 102** MAITLAND FL 32751 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition CR2E034 (9/01 TITLE TITLE ☐ Delete GALLIMORE, ELLSWORTH G. NAME NAME STREET ADDRESS 557 N WYMORE ROAD STE 102 STREET ADDRESS MAITLAND FL 32751 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE DVST WARD, LOUISE A NAME 557 N WYMORE ROAD STE 102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP **XX**Addition . Delete NAME Shirley P. Gallimore NAME STREET ADDRESS STREET ADDRESS 557 N. Wymore Road, St. 102 CITY-ST-ZIP CITY-ST-ZIP Maitland, FL 32751 Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 또達 🔲 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/2002

(407) 667-0100

Daytime P

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