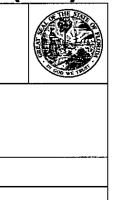
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #** V34153

1. Entity Name

GALLIMORE DEVELOPMENT, INC.



## **FILED** Apr 11, 2003 8:00 am Secretary of State 04-11-2003 90146 016 \*\*\*150.00

	·									
Principal Place of Business 557 N WYMORE ROAD STE 102 MAITLAND FL 32751 US		Mailing Address 557 N WYMORE ROAD STE 102 MAITLAND FL 32751 US								
2. Principal Place of Business		3. Mailing Address			1		HARI TABIL ALAH			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City & State		4.	4. FEI Number 59-3124841 Applied Not Applied				]	
Zip Country		Zip Cou		ntry 5				<b>75</b> Additional Required		
	6. Name and Address of Current	Registered Agent	1		7. 1	Name and Address of New Registe				1
				Name				-		1
GALLIMOF	re, ellsworth G.		Ctroat Addrson /			(P.O. Box Number is Not Acceptable)				
557 N WY	MORE ROAD	Street Address			(P.O. Box Number is Not Acceptable)					
STE 102										]
MAITLAND		City				FL Zip	o Code	)	1	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	s registered	d office or registe	red ag	ent, or both, in the State of Florida.	l am familiar	with, a	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registered /	Agent signature require	d when re	instating) D	ATE			
F	ILE NOW!!! FEE IS \$150.00					9. Election Campaign Financing			<b>n</b> n. :	1
	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State	•			Trust Fund Contribution.			<b>0</b> May Be <sup>-</sup> to Fees	
10.	OFFICERS AND		11.		۸۲	LIDITIONS/CHANGES TO OFFICERS	AND DIREC	^TOB9	: INI 11	-
TITLE	DP OFFICERS AND I	Delete	TITLE			DITIONO/CHANGES TO OF ICENC			☐ Addition	1 3
NAME	GALLIMORE, ELLSWORTH G.	□ Delete	NAME				ان این	ange	Addition	3
STREET ADDRESS	557 N WYMORE ROAD STE 102		STREET	ADDRESS						3
CITY-ST-ZIP	MAITLAND FL 32751		CITY-S	ST-ZIP						١
TITLE	DVST	☐ Delete	TITLE				☐ Ch	ange	☐ Addition	ا إ
NAME	WARD, LOUISE A		NAME							Ι`
STREET ADDRESS	557 N WYMORE ROAD STE 102		STREET	ADDRESS						1
CITY-ST-ZIP	MAITLAND FL 32751		CITY-S	ST-ZIP						1
TITLE	DV	☐ Delete	TITLE			- *	- □ Ch	ange	☐ Addition	
NAME	GALLIMORE, SHIRLEY P		NAME							
STREET ADDRESS   CITY-ST-ZIP	557 N WYMORE RD STE 102		CITY-S	ADDRESS						
	MAITLAND FL 32751			71 211				2000	Addition	1
TITLE Name		☐ Delete	TITLE Name				☐ C1	ange	Addition	
STREET ADDRESS				ADDRESS						
CITY-ST-ZIP			CITY-S							
TITLE		☐ Delete	TITLE			<u> </u>	☐ Ch	 lange	Addition	1
NAME			NAME					-		
STREET ADDRESS			STREET	ADDRESS						
CITY-ST-ZIP			CITY-S	ST - ZIP						
TITLE		☐ Delete	TITLE				☐ Ch	ange	Addition	
NAME			NAME				$\overline{}$			
STREET ADDRESS				ADDRESS						
CITY-ST-ZIP			CITY-S							1
<b>12.</b> Thereby o	certify that the information supplied with	this filing does not qualify fo	or the exem	ption stated in Se	ection	119.07(3)(i), Florida Statutes. I furthe	er certify that	t the in	formation	1

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.