


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 04, 2003 8:00 am
Secretary of State

06-04-2003 90096 019 ****61.25

DOCUMENT # 770891
1. Entity Name
THE TOWER GALLERY ARTIST COOPERATIVE, INC.




Principal Place of Business Mailing Address
**751 TARPON BAY RD.
SANIBEL FL 33957
US** **751 TARPON BAY RD.
SANIBEL FL 33957
US**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

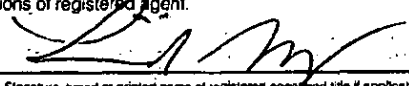
4. FEI Number **59-2547501** Applied For:
Not Applicable

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

6. Name and Address of Current Registered Agent
**WIGGINS, LINDA
9240 BAYBERRY BEND #101
FT. MYERS FL 33908**

7. Name and Address of New Registered Agent
Name **LINDA WIGGINS**
Street Address (P.O. Box Number is Not Acceptable)
8707 S. LAKE CR.
City **FT. MYERS** FL Zip Code **33908**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4-21-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to
Trust Fund Contribution. Added to Fees Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SEBRING, RON	
STREET ADDRESS	24508 MOUNTAIN VIEW	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	VPO	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, CATHY	
STREET ADDRESS	575 PICOMONT RD.	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WIGGINS, LINDA	
STREET ADDRESS	9240 BAYBERRY BEND #101	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BUSCH, RODNEY	
STREET ADDRESS	9765 DEERFOOT DR.	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cathy Taylor	
STREET ADDRESS	11816 Quail Run Dr.	
CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE	VPO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joanne Bedient	
STREET ADDRESS	869 Duquesne Dr.	
CITY-ST-ZIP	Ft. Myers, FL 33919	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA WIGGINS	
STREET ADDRESS	8707 S. LAKE CR.	
CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lalita Cofer	
STREET ADDRESS	4917 Seville Ct.	
CITY-ST-ZIP	Cape Coral, FL 33904	
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		

12. 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 617, 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.

SIGNATURE:  DATE **4-21-03** 239-481-7061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LINDA WIGGINS

Daytime Phone #

CR2E037 (10/02)