

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90244 023 ***150.00

0485964

DOCUMENT # L08748
 1. Entity Name
FIFTH AVENUE ART GALLERY, INC.

Principal Place of Business 1470 HIGHLAND AVE MELBOURNE FL 32935 US	Mailing Address 8240 DEVEREUX DR. SUITE 100 MELBOURNE FL 32940-7949 US
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C0051547



DO NOT WRITE IN THIS SPACE

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 59-2966570	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
BOYD, JOEL E.
100 RIALTO PLACE
STE 510
MELBOURNE FL 32901

7. Name and Address of New Registered Agent
 Name **BOYD, JOEL E.**
 Street Address (P.O. Box Number is Not Acceptable) **6167 N. WICKHAM ROAD, SUITE 306**
 City **MELBOURNE** FL Zip Code **32940**

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 _____ (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, 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	
TITLE NAME PD QUENTON, WALTER STREET ADDRESS 11125 AIRPORT DR CITY-ST-ZIP SEBASTIAN FL 32958	<input checked="" type="checkbox"/> Delete
TITLE NAME VPD WALLACE, JOAN STREET ADDRESS 14E MARINA ISLES CITY-ST-ZIP SATELLITE BEACH FL 32937	<input checked="" type="checkbox"/> Delete
TITLE NAME VPD PARKER, TOM STREET ADDRESS 550 PINE RD CITY-ST-ZIP MELBOURNE VILLAGE FL 32901	<input checked="" type="checkbox"/> Delete
TITLE NAME TD CRAWFORD, NANCY L STREET ADDRESS 201 OSPREY VILLAS COURT CITY-ST-ZIP MELBOURNE BEACH FL 32951	<input type="checkbox"/> Delete
TITLE NAME SD KUHL, MARG STREET ADDRESS 1311 E RIVER DR CITY-ST-ZIP MELBOURNE FL 32901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME PD ELLEN PAVLAKOS STREET ADDRESS 331 CORAL WAY W. CITY-ST-ZIP INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME JAMISON PRUCE STREET ADDRESS 327 CORAL WAY W. CITY-ST-ZIP INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME EARL VAUGHT STREET ADDRESS 1220 SAND PINE CIRCLE CITY-ST-ZIP THUSVILLE, FL 32796	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Marquerite Kuhl **April 10, 2001** **321-724-6221**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)