

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90042 024 ****61.25

DOCUMENT # N32631

1. Entity Name
621 GALLERY, INC.

Principal Place of Business

**621 INDUSTRIAL DRIVE
TALLAHASSEE FL 32310
US**

Mailing Address

**621 INDUSTRIAL DRIVE
TALLAHASSEE FL 32310-4805
US**

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
59-2978170

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BOYNTON, NAN
567 INDUSTRIAL DR
TALLAHASSEE FL 32310**

7. Name and Address of New Registered Agent

Name

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

City

FL

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)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	LINDA HIRSCH	
STREET ADDRESS	810 MADERIA CIR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MARK MESSERSMITH	
STREET ADDRESS	1318 BROOME ST.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	OS	<input type="checkbox"/> Delete
NAME	ECENIA, SU	
STREET ADDRESS	652 FOREST LAIR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DONALD, KATHY	
STREET ADDRESS	533 STONEHOUSE RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	M	<input type="checkbox"/> Delete
NAME	PUCKETT, LESLIE	
STREET ADDRESS	6443 BOLD VENTURE TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Su Ecenia	
STREET ADDRESS	652 Forest Lair	
CITY-ST-ZIP	Tallahassee FL 32312	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia Stephens	
STREET ADDRESS	3548 Trilium Court	
CITY-ST-ZIP	Tallahassee FL 32312	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miffilin Uhlfelder	
STREET ADDRESS	2819 Harriman Cir	
CITY-ST-ZIP	Tallahassee FL 32308	
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:

Leslie Puckett
Leslie Puckett Managing Director

Date

Daytime Phone #

CR2E037 (9/99)

4/13/00
(850)
224-
6163