

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90011 044 ****70.00

DOCUMENT # N32631

1. Entity Name

621 GALLERY, INC.

(Handwritten mark)

Principal Place of Business 621 INDUSTRIAL DRIVE TALLAHASSEE FL 32310 US	Mailing Address 621 INDUSTRIAL DRIVE TALLAHASSEE FL 32310 US
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-2978170	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ DATE _____
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
After September 12, 2001, min. will be \$236.25

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	ECENIA, SU	
STREET ADDRESS	652 FOREST LAIR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	DV	<input type="checkbox"/> Delete
NAME	STEPHENS, PATRICIA	
STREET ADDRESS	3548 TRILLIM CT	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	DS	<input type="checkbox"/> Delete
NAME	UHLFELDER, MIFFIN	
STREET ADDRESS	2819 HARRIMAN CIR	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
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	Stephens, Patricia	
STREET ADDRESS	3548 Trillim Ct	
CITY-ST-ZIP	Tallahassee FL 32312	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephens Jackie Bigoney	
STREET ADDRESS	2723 Lucerne Dr.	
CITY-ST-ZIP	Tallahassee FL 32303	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M.R. Street	
STREET ADDRESS	8345 Old St. Augustine Rd	
CITY-ST-ZIP	Tallahassee FL 32311	
TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DM	<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* **8/10/01** (850) 224-6163

CFR2E037 (5/01)