

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
 05-01-2000 90389 032 ****61.25

DOCUMENT # N93000001314

1. Entity Name
ISLAND GALLERY WEST, INC.

Principal Place of Business GULF DR N BEACH FL 34217	Mailing Address 5348 GULF DR N HOLMES BEACH FL 34217-1775
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 368 GULF DR. N Suite, Apt. #, etc. City & State HOLMES BEACH, FL Zip 34217	3. Mailing Address 5368 GULF DR. N Suite, Apt. #, etc. City & State HOLMES BEACH, FL Zip 34217
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4. FEI Number **65-0400009** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
MURPHY, IRENE
6300 FLOTILLA DR #79
HOLMES BEACH FL 34217

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 _____ (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	D	<input type="checkbox"/> Delete
NAME	MEARS, L	
STREET ADDRESS	76112 18 AVE NW	
CITY - ST - ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEARS, W. M.	
STREET ADDRESS	7612 18TH AVE NW	
CITY - ST - ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	OSHERMAN, NORMAN	
STREET ADDRESS	3 EALING ON DIXBURY	
CITY - ST - ZIP	ROLLINS MEADOWS IL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEFORGE, HELEN	
STREET ADDRESS	629 EMERALD LANE	
CITY - ST - ZIP	HOLMES BEACH FL	
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	<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	
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	

CR2E037 (9/99)

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: Norman Osherman (NORMAN OSHERMAN) 4/22/00 944-756-1606
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #