

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

0065669

**DOCUMENT # N93000001314**

1. Entity Name  
**ISLAND GALLERY WEST, INC.**

03-11-2002 90027 013 \*\*\*\*61.25

Principal Place of Business <b>5368 GULF DR N          HOLMES BEACH FL 34217</b>	Mailing Address <b>5368 GULF DR N          HOLMES BEACH FL 34217</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

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

7. Name and Address of New Registered Agent

**MURPHY, IRENE  
 6300 FLOTILLA DR #79  
 HOLMES BEACH FL 34217**

Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> 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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:** *Norman Osherman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/15/02*  
 Date      Daytime Phone #

CR2E037 (9/01)