

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90085 021 ***158.75

DOCUMENT # P98000104285
 1. Entity Name
TA DA GALLERY, INC.

Principal Place of Business 113 FLAGLER AVE. NEW SMYRNA BEACH FL 32169	Mailing Address 113 FLAGLER AVE. NEW SMYRNA BEACH FL 32169-2634
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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
Zip	Country

4. FEI Number 59-3549472	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BRADY, WANDA H
113 FLAGLER AVE.
NEW SMYRNA BEACH FL 32169

7. Name and Address of New Registered Agent
 Name **Mary Cwikla**
 Street Address (P.O. Box Number is Not Acceptable)
113 Flagler Ave
 City **New Smyrna Beach, FL** Zip Code **32169**

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: *Mary Cwikla* **Mary Cwikla** DATE: **2-1-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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: D <input checked="" type="checkbox"/> Delete	NAME: BRADY, WANDA H
STREET ADDRESS: 50 FAIRGREEN CIRCLE	CITY-ST-ZIP: NEW SMYRNA BEACH FL 32168
TITLE: PD <input checked="" type="checkbox"/> Delete	NAME: SETTER, MARY J
STREET ADDRESS: 4365 S. ATLANTIC AVE.	CITY-ST-ZIP: NEW SMYRNA BEACH FL 32169
TITLE: VD <input checked="" type="checkbox"/> Delete	NAME: HOVER, BEVERLY D
STREET ADDRESS: 1812 N. PENINSULA AVE.	CITY-ST-ZIP: NEW SMYRNA BEACH FL 32168
TITLE: D <input checked="" type="checkbox"/> Delete	NAME: PETERSON, DEBBIE D
STREET ADDRESS: 4012 SAXON DR.	CITY-ST-ZIP: NEW SMYRNA BEACH FL 32169
TITLE: TD <input checked="" type="checkbox"/> Delete	NAME: BRADY, WANDA H
STREET ADDRESS: 50 LAKE FAIRGREEN CIRCLE	CITY-ST-ZIP: NEW SMYRNA BEACH FL 32169
TITLE: SD <input checked="" type="checkbox"/> Delete	NAME: WHITE, MARILYN O
STREET ADDRESS: 1205 COMMODORE DR.	CITY-ST-ZIP: NEW SMYRNA BEACH FL 32169

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Terry E. Witherell
STREET ADDRESS: 7851 NW 13 ST	CITY-ST-ZIP: NEW SMYRNA BEACH FL 32168
TITLE: P <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Pembroke Pines, FL
STREET ADDRESS: 33024	CITY-ST-ZIP: 33024
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/>
STREET ADDRESS: <input type="checkbox"/>	CITY-ST-ZIP: <input type="checkbox"/>
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/>
STREET ADDRESS: <input type="checkbox"/>	CITY-ST-ZIP: <input type="checkbox"/>
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/>
STREET ADDRESS: <input type="checkbox"/>	CITY-ST-ZIP: <input type="checkbox"/>

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: *Theresa Witherell* **Theresa Witherell** DATE: **2-1-00** (305) 348-2319
Signature and typed or printed name of signing officer or director. Date. Daytime Phone #

CR2E034 (9/99)