

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 01, 2000 8:00 am
Secretary of State

05-08-2000 90020 003 ***150.00

DOCUMENT # P99000095192

1. Entity Name
ADORN ME GALLERY, INC.

Principal Place of Business 214 LAKELAND DRIVE WEST PALM BEACH FL 33405	Mailing Address 214 LAKELAND DRIVE WEST PALM BEACH FL 33405-2312
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 702A Lake Ave	3. Mailing Address 702A Lake Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lake Worth, FL	City & State Lake Worth, FL	4. FEI Number 05-0955073	Applied For <input type="checkbox"/> Not Applicable
Zip 33460	Country USA	Zip 33460	Country USA

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

6. Name and Address of Current Registered Agent
MCMANUS, JULIE
214 LAKELAND DRIVE
WEST PALM BEACH FL 33405

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 *Julie McManus* *[Signature]* *4/17/00*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		<input type="checkbox"/> Delete
TITLE President	NAME Julie McManus	<input type="checkbox"/> Delete
STREET ADDRESS 214 Lakeland Dr	CITY-ST-ZIP WPB, FL 33405	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE President	NAME Julie McManus	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS 214 Lakeland Dr.	CITY-ST-ZIP WPB, FL 33405		
TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		

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: *Julie McManus* *Julie M. McManus* *4/17/00* *561-586-4920*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)