

2000 UNIFORM BUSINESS REPORT.(UBR)

5

DOCUMENT # P99000095192

1. Entity Name

ADORN ME GALLERY, INC.

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

05-08-2000 90020 003 ***150.00

Principal Place of Business

214 LAKELAND DRIVE
WEST PALM BEACH FL 33405

Mailing Address

214 LAKELAND DRIVE
WEST PALM BEACH FL 33405-2312

2. Principal Place of Business

702 A Lake Ave

Suite, Apt. #, etc.

3. Mailing Address

702 A Lake Ave

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Lake Worth, FL

Zip

33460

Country

USA

Zip

33460

Country

USA

4. FEI Number

05-0955073

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MC MANUS, 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

(NOTE: Registered Agent signature required when reinstating)

4/17/00

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

TITLE ~~President~~
NAME ~~Julie McManus~~
STREET ADDRESS ~~214 Lakeland Dr~~
CITY-ST-ZIP ~~WPB, FL 33405~~

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~President~~
NAME ~~Julie McManus~~
STREET ADDRESS ~~214 Lakeland Dr.~~
CITY-ST-ZIP ~~WPB, FL 33405~~

☐ Change

☒ Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)