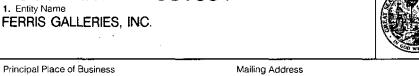
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

581381 DOCUMENT #

FERRIS GALLERIES, INC.





FILED Jan 27, 2003 8:00 am Secretary of State 01-27-2003 90531 042 ***150.00

Principal Place of Business 140 E. MORSE BLVD. WINTER PARK FL 32789		Mailing Address 140 E. MORSE BLVD. WINTER PARK FL 32789							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State		City & State		4 . f	4. FEI Number 59-1849747 Applied For Not Applicable				
Žip :	Country	Country Zip Cour			5. Certificate of Status Desired \$8.75 Additional Fee Required				
·	6. Name and Address of Currer	nt Registered Agent			7. 1	Name and Address of New Register	ed Agent		
ì.			Name						
GRAHAM,	JESSE E.	Stroot Address			s (P.O. Box Number is Not Acceptable)				
369 N. NE	W YORK AVE		Street Addres			is (M.O. Box Number is Not Acceptable)			
WINTER P	ARK FL 32790								
			-	City		. F	Zip C	Code	
the obligat	named entity submits this statement ions of registered agent.	for the purpose of changing its	registered	office or regist	tered ag	ent, or both, in the State of Florida. Ta	am familiar wi	ith, and accept	
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registered A	gent signature requi	ired when re	ainstating) DA	TE .		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department					Election Campaign Financing Trust Fund Contribution.		5.00 May Be ded to Fees	
10.	OFFICERS ANI	D DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 11	
TITLE	PD PD	☐ Delete	TITLE				Chang	je 🗌 Addition	
NAME STREET ADDRESS	4074 NAVERED AVE		NAME	ADDRESS					
CITY-ST-ZIP	WINTER PARK FL	CITY							
TITLE	DV	☐ Delete	TITLE				Chang	e 🗌 Addition	
NAME	REEVES, VERONICA C		NAME						
STREET ADDRESS	310 CHEROKEE LANE		STREET	ADDRESS					
CITY-ST-ZIP	WINTER PARK, FL 00000		CITY-S	- ZIP					
TITLE		☐ Delete	TITLE				☐ Chang	ge 🔲 Addition	
NAME			NAME	ADDRECC				ì	
STREET ADDRESS CITY-ST-ZIP			CITY-S	ADDRESS 1-71P				_	
TITLE		□ Delete	TITLE	-			Chang	e	
NAME	*****	□ Delete	NAME					ic	
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			CITY-S1	- ZIP					
TITLE		☐ Delete	TITLE				☐ Chang	je 🔲 Addition	
NAME			NAME						
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			CITY-S1	-ZIP					
TITLE		☐ Delete	TITLE				Chang	e 🔲 Addition	
NAME STREET ADDRESS			NAME	ADDDECC					
CITY-SI-ZIP			CITY-SI	ADDRESS -ZIP					
1	ertify that the information supplied wi	th this filing does not qualify for			Section 1	119.07(3)(i), Florida Statutes. I further	certify that th	e 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 10 or Block 11 if changed, or on an attachment with an address, with all other like gnowered.