

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90100 003 \*\*\*150.00

0606891

**DOCUMENT # F94486**

1. Entity Name  
**THE GALLERIES 19, INC.**

Principal Place of Business  
**100 INDIAN ROCKS RD  
 BELLEAIR BLUFFS FL 34640**

Mailing Address  
**100 INDIAN ROCKS RD  
 BELLEAIR BLUFFS FL 34640**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2215346**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**LARSON, ANABEL  
 1310 GULF BOULEVARD  
 CLEARWATER FL 33767**

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD  
 LEE, LOIS A.  
 14110 HARBORWOOD DR.  
 LARGO FL**  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
~~President~~ **President**  Change  Addition  
**ANABEL LARSON  
 1310 GULF BOULEVARD  
 CLEARWATER FL 33767**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**ST  
 LEE, KENNETH R.  
 14110 HARBORWOOD DR.  
 LARGO FL**  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
~~President~~ **President**  Change  Addition  
**MARJORIE DOUGLASS  
 313 EASTLEIGH DR.  
 Belleair FL 33756**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V  
 LEE, ROBERT K  
 11011 SW 11 CT  
 PEMBROKE PINES FL**  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Delete

TITLE  
 NAME  
 STREET ADDRESS  
 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

*Anabel Larson*

4/30/01 727-5930739  
 Date Daytime Phone #

CR2E034 (10/00)