

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006030

1. Entity Name

THE IMPERIAL ART GALLERY, LLC

Principal Place of Business

128 SOUTH KENTUCKY AVENUE
LAKELAND FL 38301

Mailing Address

128 SOUTH KENTUCKY AVENUE
LAKELAND FL 38301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3080369

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAY, MADELINE

128 SOUTH KENTUCKY AVENUE

LAKELAND FL 38301

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM ALEXANDER, LO ☒ Delete
STREET ADDRESS 1711 BELGROVE
CITY-ST-ZIP LAKELAND FL 33805

TITLE NAME LINDA Wolitz ☐ Change ☒ Addition
STREET ADDRESS 3527 Highland Fairways Blvd
CITY-ST-ZIP Lakeland, FL 33810

TITLE NAME MGRM ANDERSON, JANICE ☒ Delete
STREET ADDRESS 1131 HALLAMWOOD COURT
CITY-ST-ZIP LAKELAND FL 33813

TITLE NAME Jeanne Barker ☐ Change ☒ Addition
STREET ADDRESS 1421 Camphor Dr
CITY-ST-ZIP Lakeland, FL 33803

TITLE NAME MGRM HUGHES, LYNNE ☐ Delete
STREET ADDRESS 6740 BROKEN ARROW TRAIL
CITY-ST-ZIP LAKELAND FL 33813

TITLE NAME Linda McAlister ☐ Change ☒ Addition
STREET ADDRESS 2002 E. Gachet Blvd
CITY-ST-ZIP Lakeland, FL 33813

TITLE NAME MGRM CONN, MARY ☒ Delete
STREET ADDRESS 713 HAYNES ROAD
CITY-ST-ZIP LAKELAND FL 33809

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGRM FRYE, CAROL ☐ Delete
STREET ADDRESS 5173 CAMBRY
CITY-ST-ZIP LAKELAND FL 33805

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGRM GULLA, BETTY ☒ Delete
STREET ADDRESS 5850. OLENDER
CITY-ST-ZIP LAKELAND FL 33809

TITLE NAME 100003601481 ☐ Change ☒ Addition
STREET ADDRESS -01/30/01--01065--011
CITY-ST-ZIP *****50.00 *****50.00

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Madeline Lay* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-22-01 863-603-4663

FILED

01 JAN 26 AM 9:35

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)