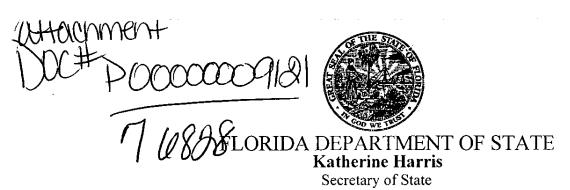
2001 UNIFORM BUSINESS REPORT (UBR)

Jul 25, 2001 8:00 am Secretary of State P00000009121 DOCUMENT # 1. Entity Name 07-12-2001 90115 038 ***150.00 PALM AVENUE GALLERY, INC. Principal Place of Business Mailing Address 2120 PALM VIEW RD. 2120 PALM VIEW RD. SARASOTA FL 3424D SARASOTA FL 34240 www. Palm Avenuegallery, com 2. Principal Place of Business <u>S.</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 65-098131 Applied For arasota Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 236 Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VOIGT, STEPHEN F Street Address (P.O. Box Number is Not Acceptable) 2414 BEE RIDGE RD. SARASOTA FL 34239 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstate DATE FILE NOW!!L FEE IS \$550.00 = 9:-This corporation is eligible to satisfy its Intangible ... 10.-Election.Campaign,Financing .\$5.00.May.Be. Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Sharon M. DEDAD THE mm e ☐ Change ☐ Addition 501 ☐ Delete CO - Owner 45 South Palm Avenue NAME NAME STREET ADDRESS STREET ADDRESS CR2E034 Sanasota FL 34236 SCOTT M. Klein CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE 45 S. PAIN AVE NAME CO-OWNER STREET ADDRESS STREET ADDRESS Sorasota CITY-ST-ZIE CITY-ST-ZIP Addition TITLE ☐ Delete Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 31717 ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-71P TITLE ☐ Delete Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 imported to execute this report as prepried 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 received. SIGNATURE:

FILED



July 13, 2001

PALM AVENUE GALLERY, INC. 2120 PALM VIEW RD. SARASOTA, FL 34240

Subject: PALM AVENUE GALLERY, INC.

Reference **P0000009121**Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

List the complete title, name street address, city, state and zip code of each officer/director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

This is the first time of ever received this Bill ??

Smd ///a