

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000036154**

1. Entity Name

FIRST STREET GALLERY ARTISTS, INC.

Principal Place of Business

**200 FIRST STREET
NEPTUNE BEACH FL 32266**

Mailing Address

**200 FIRST STREET
NEPTUNE BEACH FL 32266**

2. Principal Place of Business

216 B FIRST STREET

Suite, Apt. #, etc.

3. Mailing Address

216 B FIRST ST.

Suite, Apt. #, etc.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90053 036 ***150.00



DO NOT WRITE IN THIS SPACE

City & State
NEPTUNE BEACH, FL NEPTUNE BEACH, FLZip
32266Country
USAZip
32266Country
USA

4. FEI Number

59-3640674

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HAWKINS, JEANNE M
1924 HOLLY OAKS ROAD, WEST
JACKSONVILLE FL 32225**

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HAWKINS, JEANNE M
1924 HOLLY OAKS LAKE ROAD, WEST
JACKSONVILLE FL 32225** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GRANDY, MARY
1927 BEACHSIDE COURT
ATLANTIC BEACH FL 32233** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KNABEL, JACKIE
25588 HIGHWAY 301N
LAWTEY FL 32058** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SHEETER, MARCIA
4260 BLEINHEIM PLACE
JACKSONVILLE FL 32225** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Date

Daytime Phone #

CR2E034 (10/00)

0459784