

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90008 002 ***150.00

DOCUMENT # P00000040665

1. Entity Name

THE LEA BARR GALLERY, INC.

Principal Place of Business

**200 A1A - UNIT 3
 FLAGLER BEACH FL 32136**

Mailing Address

**200 A1A - UNIT 3
 FLAGLER BEACH FL 32136**

2. Principal Place of Business

200 A1A ~~UNIT 3~~ SOUTH

3. Mailing Address

200 A1A SOUTH

Suite, Apt. #, etc.

3

Suite, Apt. #, etc.

3

City & State

FLAGLER BEACH FLA

City & State

FLAGLER BEACH, FLA

Zip

32136

Country

U.S.A.

Zip

32136

Country

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARR, LEA
 200 A1A - UNIT 3
 FLAGLER BEACH FL 32136**

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 ☐ Delete
 NAME **D BARR, LEA**
 STREET ADDRESS **200 A1A - UNIT 3**
 CITY-ST-ZIP **FLAGLER BEACH FL 32136**

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

TITLE ☐ Delete
 NAME **D BARR, SAMUEL**
 STREET ADDRESS **200 A1A - UNIT 3**
 CITY-ST-ZIP **FLAGLER BEACH FL 32136**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

Lea Barr **LEA BARR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/2001 **904-446-9709**

Date

Daytime Phone #

CR2E034 (10/00)