

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 15, 2001 8:00 am**  
**Secretary of State**

08-15-2001 90004 025 \*\*\*550.00

01298989 AT

**DOCUMENT # P00000059378**

1. Entity Name  
**OZONA BEACH GALLERY, INC.**

Principal Place of Business

**315 ORANGE STREET  
 OZONA FL 34660**

Mailing Address

**POST OFFICE BOX 6768  
 OZONA FL 34660**

2. Principal Place of Business

**315 Orange St.  
 Suite, Apt. #, etc.  
 P.O. Box 6768**

3. Mailing Address

**PO Box 6768  
 Suite, Apt. #, etc.**

City & State

**Ozona FL  
 Zip 34660 Country USA**

City & State

**Ozona FL  
 Zip 34660 Country USA**

4. FEI Number

**59 365341**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**BOKOR, BRUCE H  
 911 CHESTNUT STREET  
 CLEARWATER FL 33756**

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

*Kerry A. Carpenter* **KERRY A. CARPENTER**

**8/8/01**

Signature, type 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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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

TITLE **President / Treasurer** ☐ Delete  
 NAME **Kerry Carpenter**  
 STREET ADDRESS **311 Linette St.**  
 CITY-ST-ZIP **Ozona FL 34660**

TITLE **Vice President Secretary** ☐ Delete  
 NAME **M. Inge Johnson**  
 STREET ADDRESS **273 Shore Dr.**  
 CITY-ST-ZIP **Ozona FL 34660**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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 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:

*Kerry A. Carpenter* **KERRY A. CARPENTER**

**8/8/01**

**727 773 8848**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day Daytime Phone #

CR2E034 (5/01)