

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90321 044 ***150.00

DOCUMENT # P01000050626

1. Entity Name

BATH & KITCHEN GALLERY, INC.

Principal Place of Business

**8612 POINSETTIA DRIVE
 TEMPLE TERRACE FL 33637**

Mailing Address

**8612 POINSETTIA DRIVE
 TEMPLE TERRACE FL 33637**

2. Principal Place of Business

**10019 N. Dale Mabry
 Suite, Apt. #, etc.
 6000**

3. Mailing Address

**10019 N. Dale Mabry
 Suite, Apt. #, etc.
 6000**

City & State
Tampa FL

City & State
Tampa FL

Zip
33618

Country
HILLS

Zip
33618

Country
HILLS

4. FEI Number

01-0625668

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JEFFRIES, DAVID M
 BANK OF AMERICA PLAZA, SUITE 1030
 101 EAST KENNEDY BLVD.
 TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name **Joseph Ferrante Gennaro**

Street Address (P.O. Box Number is Not Acceptable)

10019 N. Dale Mabry Suite 600

City **Tampa FL**

FL

Zip Code **33618**

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)

4/26/02

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, 2002 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

TITLE **PTSD** ☐ Delete
 NAME **Joseph Ferrante Gennaro**
 STREET ADDRESS **8612 Poinsettia Dr**
 CITY-ST-ZIP **Tampa FL 33637**

TITLE **VP** ☐ Delete
 NAME **John Ferrante Gennaro**
 STREET ADDRESS **5014 Walden Ave**
 CITY-ST-ZIP **Tampa FL 33618**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 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

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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 #

4/26/02 813 264-6967

CR2E034 (9/01)