

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 26, 2002 8:00 am**  
**Secretary of State**

08-26-2002 90063 010 \*\*\*550.00

**DOCUMENT # P01000059941**

1. Entity Name  
**LAUREN ADAMS GALLERY, INC.**

Principal Place of Business

**7235 MILL RUN CIRCLE  
 NAPLES FL 34109**

Mailing Address

**7235 MILL RUN CIRCLE  
 NAPLES FL 34109**

2. Principal Place of Business

**477 S. Rosemary Ave.**

3. Mailing Address

**477 S. Rosemary Ave**

Suite, Apt. #, etc.

**# 169**

Suite, Apt. #, etc.

**# 169**

City & State

**WEST Palm Beach FL**

City & State

**WEST Palm Beach FL**

4. FEI Number

**59-3725644**

Applied For

☐ Not Applicable

Zip

**33401**

Country

**Palm Beach**

Zip

**33401**

Country

**Palm Beach**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**PINEIRO, ALEX**

**7235 MILL RUN CIRCLE**

**NAPLES FL 34109**

Name

**ALEX Pineiro**

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

**4425 SW Long Bay Dr.**

City

**Palm City**

FL

**34990**

Zip Code

**33401**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**President**

**8/19/02**

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 13, 2002 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 **D** ☐ Delete  
 NAME **PINEIRO, ALEX**  
 STREET ADDRESS **7235 MILL RUN CIRCLE**  
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE **D** ☐ Delete  
 NAME **FREDRICKSON, KELLY**  
 STREET ADDRESS **7235 MILL RUN CIRCLE**  
 CITY-ST-ZIP **NAPLES FL 34109**

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 **4425 SW Long Bay Dr.**  
 CITY-ST-ZIP **Palm City FL 34990**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **4425 SW Long Bay Dr.**  
 CITY-ST-ZIP **Palm City FL 34990**

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

TITLE ☐ Change ☐ Addition  
 NAME  
 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**President**

**8/19/02 561-802-3352**

Date Daytime Phone #

CR2E034 (4/02)