

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90021 028 ***150.00

DOCUMENT # P01000090219

1. Entity Name
THE COMMUNICATION GALLERY, INC.



Principal Place of Business
**1503 N. US 1
COCOA FL 32922**

Mailing Address
**1503 N. US 1
COCOA FL 32922**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3744936**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEVITO, RAYMOND A
1503 N. US 1
COCOA FL 32922**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	D, P, T	☒ Change ☐ Addition
NAME	DEVITO, RAYMOND A		NAME	DEVITO, RAYMOND A	
STREET ADDRESS	1363 OLD MILLPOND ROAD		STREET ADDRESS	1363 OLD MILLPOND ROAD	
CITY-ST-ZIP	MELBOURNE FL 32940		CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D	☐ Delete	TITLE	D, V, S	☒ Change ☐ Addition
NAME	JOHNSON, ELIZABETH J		NAME	JOHNSON, ELIZABETH J	
STREET ADDRESS	3720 SUNWARD DRIVE		STREET ADDRESS	3720 SUNWARD DR.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953		CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE		☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME			NAME	HUNT, JR., JAMES B.	
STREET ADDRESS			STREET ADDRESS	1055 HARRISON ST.	
CITY-ST-ZIP			CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 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

4/9/03 **321.433.1503**
Date Daytime Phone #

CR2E034 (10/02)