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FILED
May 12, 2002 8:00 am
Secretary of State

04-07-2002 90078 042 ***158.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000092365

1. Entity Name

GALLERY ON WHEELS, INC.

Principal Place of Business

2600 W. GRAND RESERVE CIR
 136
 CLEARWATER FL 33759

Mailing Address

2600 W. GRAND RESERVE CIR
 136
 CLEARWATER FL 33759

2. Principal Place of Business

141 Scarlet Blvd

3. Mailing Address

141 Scarlet Blvd

Suite, Apt. #, etc.

SA

Suite, Apt. #, etc.

A

City & State

Oldsmar FL

City & State

Oldsmar FL

Zip

34677

Country

USA

Zip

34677

Country

USA

4. FEI Number

59 3745244

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, MOSHE

2600 W. GRAND RESERVE CIR
 136
 CLEARWATER FL 33759

7. Name and Address of New Registered Agent

Name Janice Rider

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

141 Scarlet Blvd

Suite A

City Oldsmar

FL

Zip Code

34677

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)

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	P	<input checked="" type="checkbox"/> Delete
NAME	MILLER, MOSHE	
STREET ADDRESS	2600 W GRAND RESERVE CIR #136	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Janice Rider	
STREET ADDRESS	141 Scarlet Blvd, Suite A	
CITY-ST-ZIP	Oldsmar FL 34677	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Janice Rider

3-26-02 813-925-0022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)