

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90068 028 ***158.75

DOCUMENT # P01000099423

1. Entity Name
ART GALORE, INC.

Principal Place of Business
21680 US HWY 19 NORTH
SUITE 106
CLEARWATER FL 33765

Mailing Address
654 TAMARIND LANE
OLDSMAR
FLORIDA FL 34677

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

4. FEI Number
59-3752778

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LOAR, JUDITH A
654 TAMARIND LANE
OLDSMAR FL 34677

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 _____
 Signature, typed 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 \$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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, MOSHE 2606 WEST GRAND RESERVE CIRCLE SUITE 136 CLEARWATER FL 33759 <i>RESIGNED</i> <input checked="" type="checkbox"/> Delete <i>REPORT FILED WITH STATE</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>RESIGNED</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOAR, JUDITH A 654 TAMARIND LANE OLDSMAR FL 34677 <i>PRES. SEC. TREASURER</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / SEC. TREAS. LOAR, JUDITH A. 654 TAMARIND LANE OLDSMAR, FL 34677 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Judith A. Loar*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02 813-814-1774
 Date Daytime Phone #

CR2E034 (9/01)