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Aug 04, 2003 8:00 am
Secretary of State

07-22-2003 90050 012 ***550.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000110506

1. Entity Name

BROCK ART GALLERIES, INC.

Principal Place of Business

ONE INDEPENDENT DRIVE SUITE 3000
JACKSONVILLE FL 32202

Mailing Address

ONE INDEPENDENT DRIVE SUITE 2000
JACKSONVILLE FL 32202

2. Principal Place of Business

1301 Riverside Blvd.

Suite, Apt. #, etc.

2400

City & State

Jacksonville Florida

3. Mailing Address

2390 E. Taliaferro Street

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32207

Country

USA

Zip

32835

Country

USA

5. Name and Address of Current Registered Agent

STONEBURNER BERRY & SIMMONS, P.A.
ONE INDEPENDENT DRIVE, SUITE 2000
JACKSONVILLE FL 32202

Name

Richard Brock, C.P.A.

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

1301 Riverside Blvd, Suite 2400

City

Jacksonville

FL

Zip Code

32207

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-1-03

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	MR. BROCK, JAMES C PRES.	2390 E. TALIAFERRO STREET	ORLANDO, FL 32835

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for an 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 information.

SIGNATURE

James Brock

Date

7/17/03

Daytime Phone #

(407) 979-1713

CR2E034 (10/02)