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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Jul 18, 2003 8:00 am **Secretary of State** P02000043097 **DOCUMENT #** 01-29-2003 90149 025 ***150.00 1. Entity Name THE POTTERY BURN, INC. Principal Place of Business Mailing Address 1170 MARTINIQUE CT 55051578 1170 MARTINIQUE CT MARCO ISLAND FL 34145 MARCO ISLAND FL 34145 3. Mailing Address 1170 Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number Marco <u>0106</u>° narco Not Applicable \$8.75 Additional 5. Certificate of Status Desired Ter CO Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEBSTER, RONALD S Street Address (P.O. Box Number is Not Acceptable) ROYAL PALM MALL 985 N COLLIER BLVD MARCO ISLAND FL 34145 City 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 Signature, typed or printed name of registered a (NOTE: Registered Agent signature required when reinstating) ent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing **\$5.00** May Be After September 10, 2003 Fee will be \$750.00 \Box Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change ☐ Delete TITLE ☐ Addition TEKUS, MARY T NAME NAME 1170 MARTINIQUE CT STREET ADDRESS STREET ADDRESS MARCO ISLAND FL 34145 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Addition Delete NAME GWYNN, LINA V NAME 494 TALLWOOD ST #504 STREET ADDRESS STREET ADDRESS MARCO ISLAND FL 34145 CITY-ST-ZIP-CITY-ST-ZIP. TITLE ST TITLE ☐ Change ☐ Addition ☐ Delete NAME CORRADO, KRISTA M NAME STREET ADDRESS STREET ADDRESS 493 TALLWOOD ST A-1 MARCO ISLAND FL 34145 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ 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