

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90107 020 ***150.00

DOCUMENT # P02000054430

1. Entity Name
ECLECTIC GALLERIES, INC.



Principal Place of Business
1070 BELLA VISTA BLVD., #122
ST. AUGUSTINE FL 32084

Mailing Address
1070 BELLA VISTA BLVD., #122
ST. AUGUSTINE FL 32084

2. Principal Place of Business
880 A1A North

3. Mailing Address
880 A1A North

Suite, Apt. #, etc.
Suite 9

Suite, Apt. #, etc.
Suite 9

City & State
Ponte Vedra Beach, FL

City & State
Ponte Vedra Beach, FL

4. FEI Number
82-0547191

Applied For
Not Applicable

Zip
32082

Country

Zip
32082

Country

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

SUCHY, DEBORAH L
1070 BELLA VISTA BLVD., #122
ST. AUGUSTINE FL 32084

Name
Street Address (P.O. Box Number is Not Acceptable)
308 Pheasant Run
City Ponte Vedra Beach FL Zip Code 32082

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]*
Signature, typed or printed name of Registered agent and title if applicable.

(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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	SUCHY, DEBORAH L	1070 BELLA VISTA BLVD., #122	ST. AUGUSTINE FL 32084	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		308 Pheasant Run	Ponte Vedra Beach, FL 32082	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/03

904-280-2772

CR2E034 (10/02)