

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90141 050 ***150.00

DOCUMENT # P02000058545

1. Entity Name
BARSTOOL GALLERY OF LAKE COUNTY, INC.



Principal Place of Business
**13032 HARTLE ROAD
CLERMONT FL 34711**

Mailing Address
**13032 HARTLE ROAD
CLERMONT FL 34711**



2. Principal Place of Business

556 N. US Hwy 27

3. Mailing Address

556 N. US Hwy 27

Suite, Apt. #, etc.

Ste. E

Suite, Apt. #, etc.

Ste E

City & State

Clermont, FL

City & State

Clermont, FL

Zip

34711

Country

Lake

Zip

34711

Country

Lake

4. FEI Number

27-0014734

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LARSON, DAVID M
13032 HARTLE ROAD
CLERMONT FL 34711**

7. Name and Address of New Registered Agent

Name **Same**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **David M. Larson**

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

(NOTE: Registered Agent signature required when reinstating)

4/22/03

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**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **President** ☐ Delete
NAME **David M. Larson**
STREET ADDRESS **13032 Hartle Rd**
CITY-ST-ZIP **Clermont, FL 34711**

TITLE **V.P.** ☐ Delete
NAME **Donna Larson**
STREET ADDRESS **13032 Hartle Rd**
CITY-ST-ZIP **Clermont, FL 34711**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **David M. Larson** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03

Date

352-394-3639

Daytime Phone #

CR2E034 (10/02)