

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90001 020 \*\*\*150.00

**DOCUMENT # P02000100684**

1. Entity Name  
**J. ROSE ART STUDIO/GALLERY, INC.**



Principal Place of Business  
**SEASCAPE I. #4100B 2400 SOUTH OCEAN DRIVE  
FORT PIERCE FL 34949**

Mailing Address  
**SEASCAPE I. #4100B 2400 SOUTH OCEAN DRIVE  
FORT PIERCE FL 34949**



2. Principal Place of Business  
**3306 NO. USI**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**FORT PIERCE FL.**

City & State

4. FEI Number  
**55-0796157**

Applied For  
Not Applicable

Zip  
**34946**

Country  
**ST. LUCIE**

Zip

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

**BAGNASCO, VELIA  
SEASCAPE I, #4100B 2400 SOUTH OCEAN DRIVE  
FORT PIERCE FL 34949**

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. 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

**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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>President</b>	<input type="checkbox"/> Delete
NAME <b>Velia Bagناسco</b>	
STREET ADDRESS <b>2400 So. Ocean Dr. 4100B</b>	
CITY-ST-ZIP <b>Fort. Pierce, FL 34949</b>	
TITLE <b>Vice President</b>	<input type="checkbox"/> Delete
NAME <b>Francis M. Bagناسco</b>	
STREET ADDRESS <b>2400 So. Ocean Dr. 4100B</b>	
CITY-ST-ZIP <b>Fort. Pierce, FL 34949</b>	
TITLE <b>Secretary</b>	<input type="checkbox"/> Delete
NAME <b>Francis M. Bagناسco</b>	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>Treasurer</b>	<input type="checkbox"/> Delete
NAME <b>Velia Bagناسco</b>	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

**Velia Bagناسco**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)