

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92211 003 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000107287			
1. Entity Name PEACEFUL IMAGES ART GALLERY, INC.			
Principal Place of Business 15814 HAMPTON VILLAGE DRIVE TAMPA, FL 33618		Mailing Address 15814 HAMPTON VILLAGE DRIVE TAMPA, FL 33618	
2. Principal Place of Business 3415 W. University Ave Suite, Apt. #, etc.		3. Mailing Address 3415 W. University Ave Suite, Apt. #, etc.	
City & State Gainesville FL		City & State Gainesville FL	
Zip 32607-2402	Country USA	Zip 32607-2402	
4. FEI Number 04-3716694		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BROWN, DAWSON E 15814 HAMPTON VILLAGE DRIVE TAMPA, FL 33618 3415 W. University Ave Gainesville FL 32607-2402		7. Name and Address of New Registered Agent 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 releasing.) DATE _____			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D BROWN, DAWSON E 15814 HAMPTON VILLAGE DRIVE TAMPA, FL 33618	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP President Dawson E. Brown 3415 W. University Ave Gainesville FL 32607-2402	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D BROWN, JEAN WOODLEY 15814 HAMPTON VILLAGE DRIVE TAMPA, FL 33618	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Sec/Treas Jean Woodley Brown 3415 W. University Ave. Gainesville FL 32607-2402	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: Dawson E. Brown		4/30/03 352 377-2577	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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☒ CHECK HERE IF MAKING CHANGES.

CP20004 (10/02)