

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000059536

1. Entity Name

SHARED VISIONS GALLERY, INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90038 031 ***150.00

Principal Place of Business

504 EAST ATLANTIC AVENUE
DELRAY BEACH FL 33483

Mailing Address

504 EAST ATLANTIC AVENUE
DELRAY BEACH FL 33483

2. Principal Place of Business

20 E. Royal Palm Rd.
Suite, Apt. #, etc.

3. Mailing Address

20 E. Royal Palm Rd.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Boca Raton FL

City & State
Boca Raton FL

4. FEI Number 65-0433653

Applied For
Not Applicable

Zip 33432 Country USA

Zip 33432 Country USA

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

KATHLEEN U. RAGLAND,
504 EAST ATLANTIC AVENUE
DELRAY BEACH FL 33483

Name
Street Address (P.O. Box Number is Not Acceptable)
20 E. Royal Palm Road
Boca Raton
City Boca Raton FL Zip Code 33432

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KATHLEEN RAGLAND, 504 EAST ATLANTIC AVENUE DELRAY BEACH FL 33483	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHARLES RAGLAND, 504 EAST ATLANTIC AVENUE DELRAY BEACH FL 33483	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	20 E. Royal Palm Road Boca Raton FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	20 E. Royal Palm Road Boca Raton FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathleen Ragland Kathleen Ragland 4-26-01 561 3472788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)