

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000059536**

1. Entity Name

**SHARED VISIONS GALLERY, INC.**



**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

09-11-2003 90098 047 \*\*\*550.00

0094500 AV

Principal Place of Business

**20 E ROYAL PALM ROAD  
BOCA RATON FL 33432**

Mailing Address

**20 E ROYAL PALM ROAD  
BOCA RATON FL 33432**

2. Principal Place of Business

**10355 Prestwick Rd.**

Suite, Apt. #, etc.

3. Mailing Address

**10355 Prestwick Rd.**

Suite, Apt. #, etc.

City & State

**Boynton Beach FL**

City & State

**Boynton Beach FL**

Zip

**33436**

Country

**USA**

Zip

**33436**

Country

**USA**

4. FEI Number

**65-0433653**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KATHLEEN U. RAGLAND,  
20 E ROYAL PALM ROAD  
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**10355 Prestwick Rd.**

City

**Boynton Beach**

**FL**

Zip Code

**33436**

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

**Kathleen Ragland**

**9-8-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **KATHLEEN RAGLAND,**  
STREET ADDRESS **20 E ROYAL PALM ROAD**  
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **VP** ☐ Delete  
NAME **CHARLES RAGLAND,**  
STREET ADDRESS **20 E ROYAL PALM ROAD**  
CITY-ST-ZIP **BOCA RATON FL 33432**

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 **10355 Prestwick Rd.**  
CITY-ST-ZIP **Boynton Bch FL 33436**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **10355 Prestwick Rd.**  
CITY-ST-ZIP **Boynton Bch FL 33436**

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**Kathleen Ragland**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)