

2004 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2004 8:00 am
Secretary of State

DOCUMENT # **P93000073875**

1. Filing Name
JEWELRY GAZEBO OF SEMINOLE MALL, INC.



05-03-2004 90477 001 ***450.00

2. Principal Place of Business
**9409 U.S. HWY 10
SUITE 463
PORT RICHEY FL 34668
US**

3. Mailing Address
**8544 SKYMASTER DR
NEW PORT RICHEY FL 34654
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-2345638**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**GUCCIARDO, JOSEPH
8544-SKYMASTER DR
NEW PORT RICHEY FL 34654**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City Zip Code

8. The above corporation 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 hereto certify the correctness of registered agent.

DISCLAIMER: Signature, typed or printed name of registered agent and title if applicable. (DO NOT) Registered Agent requires signature when filing online. DATE

FILE NUMBER FEE IS \$150.00
After May 1, 2005 Fee will be \$250.00
Please Check Payment to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution **\$5.00** May Added to Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVP <input type="checkbox"/> Delete GUCCIARDO, JOSEPH 8544 SKYMASTER DR NEW PORT RICHEY FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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, director, or assignee to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 checked, or in an attached report, or otherwise, with all other like information.

ALCO 602474 02/04

GucciarDO

4-30-04

727-847-6315