

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90156 005 ***150.00

DOCUMENT # P95000001008

1. Entity Name

RUTH MUELLER TAYLOR STUDIO & GALLERY, INC.

Principal Place of Business

**4344B ENTERPRISE AVENUE
 NAPLES FL 34104
 US**

Mailing Address

**4344 B ENTERPRISE AVENUE
 NAPLES FL 34104
 US**

2. Principal Place of Business

4110 ENTERPRISE AVE

Suite, Apt. #, etc.

#211

City & State

Naples FL

Zip

34104

Country

Collier

3. Mailing Address

← Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0545857

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

TAYLOR, RUTH M

4344 B ENTERPRISE AVENUE Unit #211

NAPLES FL 34104

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.

SIGNATURE

Signature, typed or printed name of registered agent and fee, 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. ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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

TITLE **D** ☐ Delete
 NAME **TAYLOR, RUTH M** **4110 Unit 211**
 STREET ADDRESS **4344 ENTERPRISE AVENUE**
 CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☐ Delete
 NAME **TAYLOR, THOMAS E** **4110 Unit 211**
 STREET ADDRESS **4344 ENTERPRISE AVE**
 CITY-ST-ZIP **NAPLES FL 34104**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

Ruth M Taylor, Pres **3/21/02**

941-435-0071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0498040 AV

CR2E034 (9/01)