

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90007 027 ***150.00

DOCUMENT # P95000087923

1. Entity Name

MARKET STREET GALLERY, INC.

Principal Place of Business

605 MARKET STREET
SUITE 120
CELEBRATION FL 34747
US

Mailing Address

605 MARKET STREET
SUITE 120
CELEBRATION FL 34747
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3345580

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCHEID, ELIZABETH
605 MARKET ST
STE 170
CELEBRATION FL 34747

Name

~~AMY SCHEID~~

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

~~605 MARKET ST., STE 120~~

City

~~CELEBRATION~~

FL

Zip Code

~~34747~~

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

2001

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 P
NAME SCHEID, ROY P
STREET ADDRESS 605 MARKET ST., STE 120
CITY-ST-ZIP CELEBRATION FL 34747 ☐ Delete

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

TITLE VP
NAME SCHEID, ELIZABETH
STREET ADDRESS 605 E MARKET ST., STE 120
CITY-ST-ZIP CELEBRATION FL 34747 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-17-2001 941-4934845

CR2E034 (10/00)