

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000077049

1. Entity Name  
THE ORNAMENT GALLERY, INC.

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**  
05-14-2001 90086 028 \*\*\*150.00

Principal Place of Business  
358 MAIN STREET  
DUNEDIN FL 34698

Mailing Address  
8920 SHARON DRIVE  
NEW PORT RICHEY FL 34654



DO NOT WRITE IN THIS SPACE

|                                |         |   |         |
|--------------------------------|---------|---|---------|
| 2. Principal Place of Business |         | 3. Mailing Address<br><b>867 Michele Circle</b>   |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc.<br><b>Dunedin, FL</b>   |         |
| City & State                   |         | City & State<br><b>34698</b>  |         |
| Zip                            | Country | Zip   | Country |
|                                |         | 4. FEI Number <b>59-3402958</b>   |         |
|                                |         | Applied For<br>Not Applicable   |         |
|                                |         | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |         |

|   |  |   |  |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent<br><b>ACTON, KENNETH D</b><br><b>8920 SHARON DRIVE</b><br><b>NEW PORT RICHEY FL 34654</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>867 Michele Circle</b><br>City <b>Dunedin, FL</b> Zip Code <b>34698</b> |  |
|---|--|---|--|

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 \_\_\_\_\_ (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. <input type="checkbox"/> (See criteria on back) | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|--|

| 11. OFFICERS AND DIRECTORS                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>STEIGER, ROBERT J</b><br><b>8920 SHARON DRIVE</b><br><b>NEW PORT RICHEY FL 34654</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>867 Michele Circle</b><br><b>Dunedin, FL 34698</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>ACTON, KENNETH D</b><br><b>8920 SHARON DRIVE</b><br><b>NEW PORT RICHEY FL 34654</b>  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>867 Michele Circle</b><br><b>Dunedin, FL 34698</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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: Kenneth D. Acton VP Kenneth D. Acton 4/29/01 727/733-2977  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)