

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000090429

1. Entity Name

DESIGN GALLERY, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90172 003 ***150.00

Principal Place of Business

1998 TRADE CENTER WAY
SUITE 5
NAPLES FL 34109

Mailing Address

1998 TRADE CENTER WAY
SUITE 5
NAPLES FL 34109-6239

2. Principal Place of Business

1791 Trade Center Way

Suite, Apt. #, etc.

Suite 1A

City & State
Naples, FL

Zip

34109

Country

USA

3. Mailing Address

1791 Trade Center Way

Suite, Apt. #, etc.

Suite 1A

City & State
Naples, FL

Zip

34109

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0714435

Applied For

Not Applicable

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

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 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, 2000 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	☐ Delete
NAME	OLDHAM, REGINALD	
STREET ADDRESS	2760 LONGBOAT DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	VP	☐ Delete
NAME	CRANDALL, DAVE	
STREET ADDRESS	4801 GREEN BLVD.	
CITY-ST-ZIP	NAPLES FL	
TITLE	T	☐ Delete
NAME	OLDHAM, GEROGE E (deceased)	
STREET ADDRESS	2760 LONGBOAT DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	☐ Delete
NAME	OLDHAM, SARALENE D	
STREET ADDRESS	2760 LONGBOAT DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Reginald E. Oldham, President

04/25/2000

Date

Daytime Phone #

CR2E034 (9/99)