

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000093555

1. Entity Name

ST. PETERSBURG GALLERY, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90059 005 ***150.00

Principal Place of Business

Mailing Address

424 BEACH DRIVE NE
SUITE 102
ST. PETERSBURG FL 33701

424 BEACH DRIVE NE
SUITE 102
ST. PETERSBURG FL 33701-3000

2. Principal Place of Business

424 Beach Dr

3. Mailing Address

424 Beach Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

suite 102

suite 102

City & State

City & State

St. Petersburg FL

St. Petersburg FL

Zip

Country

Zip

Country

33701

US

33701

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COFFEY, THERESA L
424 BEACH DR NE
SUITE 102
ST PETERSBURG FL 33701

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
NAME GRAYSON, CASANDRA M
STREET ADDRESS 5001 14TH ST NE
CITY-ST-ZIP ST PETERSBURG FL 33703

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP
NAME GRAYSON, ERIC
STREET ADDRESS 5001 14TH ST NE
CITY-ST-ZIP ST PETERSBURG FL 33703

☒ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 #

CR2F034 (9/98)