

2000 UNIFORM BUSINESS REPORT (UBR)

2/2

DOCUMENT # P97000090423

1. Entity Name

BITS & PIECES GALLERY AND BOUTIQUE, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

02-24-2000 90029 031 ***150.00

Principal Place of Business

Mailing Address

3100 SW COLLEGE ROAD
OCALA FL 34474

3100 SW COLLEGE ROAD
OCALA FL 34474

2. Principal Place of Business

Bits & Pieces

Suite, Apt. #, etc.
3100 SW College Rd

City & State
OCALA FL

Zip Country
34474 USA

3. Mailing Address

Bits & Pieces

Suite, Apt. #, etc.
3100 SW College Rd

City & State
OCALA FL

Zip Country
34474 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR** **593477037** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CLARKE, CHRISTOPHER K
1301 NE 14TH STREET
OCALA FL 34470

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

Christopher K. Clarke

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

TITLE **D** ☐ Delete
NAME **MONTGOMERY, MARIE**
STREET ADDRESS **3100 SW COLLEGE ROAD**
CITY-ST-ZIP **OCALA FL 34474**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00
Date

352 861-9898
Daytime Phone #

CR2E034 (9/99)