

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90070 042 ***150.00

DOCUMENT # P97000090423

1. Entity Name

BITS & PIECES GALLERY AND BOUTIQUE, INC.

Principal Place of Business

3100 SW COLLEGE ROAD
 SUITE 546
 OCALA FL 34474
 US

Mailing Address

3100 SW COLLEGE ROAD
 SUITE 546
 OCALA FL 34474
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 408

Suite, Apt. #, etc.

Suite 408

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3477037

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

Mitchell Denker

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

5836 SE Lillian Circle

City

Bellevue

FL

Zip Code
34420

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

Mitchell Denker

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/2002

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, 2002 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 NAME ☒ Delete
D
MONTGOMERY, MARIE
 STREET ADDRESS **3100 SW COLLEGE ROAD**
 CITY-ST-ZIP **OCALA FL 34474**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition
P
Louis Gurino
 STREET ADDRESS **3100 SW College Rd.**
 CITY-ST-ZIP **OCALA, FL 34474**

TITLE NAME ☐ Change ☒ Addition
V
Sandra Oraski
 STREET ADDRESS **3100 SW College Rd.**
 CITY-ST-ZIP **OCALA, FL 34474**

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

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

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

TITLE NAME ☐ Change ☐ Addition
 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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-02 (352) 861-9898

Date

Daytime Phone #

CR2E034 (9/01)