

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2003 8:00 am
Secretary of State

06-23-2003 90056 007 ***150.00

DOCUMENT # P97000092370

1. Entity Name
ROCKWELL GALLERY, INC.



Principal Place of Business
**801 MARALYN
NEW SMYRNA BEACH FL 32169**

Mailing Address
**801 MARALYN
NEW SMYRNA BEACH FL 32169**

2. Principal Place of Business
622 CANAL ST
Suite, Apt. #, etc.

3. Mailing Address
622 CANAL ST
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
NEW SMYRNA BCH FL
Zip
32168
Country
VOLUCIA

City & State
NEW SMYRNA BCH FL
Zip
32168
Country
VOLUCIA

4. FEI Number
59-3477193

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ROCKWELL, JAMES
415 FLAGLER AVE.
NEW SMYRNA BEACH FL 32169-2640**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
622 CANAL ST
City
NEW SMYRNA BCH FL Zip Code
32168

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROCKWELL, JAMES
801 MARALYN
NEW SMYRNA BEACH FL 32169**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**622 CANAL ST
NEW SMYRNA BCH, FL 32168**

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMESIA K. KOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-03 (386) 795-3133

Date Daytime Phone #

0018965
AV

CR2E034 (10/02)