

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90108 012 \*\*\*150.00

**DOCUMENT # P98000004230**

**1. Entity Name**  
**ALBERT POST GALLERY, INC.**

**Principal Place of Business**

**809 LUCERNE AVE**  
**LAKE WORTH FL 33460**

**Mailing Address**

**809 LUCERNE AVE**  
**LAKE WORTH FL 33460**

**2. Principal Place of Business**

**2291 Newbury Dr**  
Suite, Apt. #, etc.

**3. Mailing Address**

**2291 Newbury Dr**  
Suite, Apt. #, etc.

**City & State**

**Wellington FL**

**City & State**

**Wellington FL**

**Zip**

**Country**

**33414**

**U.S.**

**Zip**

**Country**

**33414**

**U.S.**

**4. FEI Number**

**65-0813851**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**POST, ALBERT**  
**809 LUCERNE AVE**  
**LAKE WORTH FL 33460**

**7. Name and Address of New Registered Agent**

**Name**

**ALBERT POST**

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

**2291 Newbury Dr**

**City**

**Wellington**

**FL**

**Zip Code**

**33414**

**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**

*Albert Post*

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

(NOTE: Registered Agent signature required when reinstating)

**2/6/02**

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, 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	DP	<input type="checkbox"/> Delete
NAME	POST, ALBERT	
STREET ADDRESS	809 LUCERNE AVE	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POST, ALBERT	
STREET ADDRESS	2291 Newbury Dr.	
CITY-ST-ZIP	Wellington, FL. 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

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

**2/6/02**  
Date

**(561) 582-4477**  
Daytime Phone #

CR2E034 (9/01)