

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036870

1. Entity Name

GOLDFISH GALLERIES, INC.

Principal Place of Business

322 S. WASHINGTON DRIVE
SARASOTA FL 34239
US

Mailing Address

P O BOX 19105
SARASOTA FL 34276-2105
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P451 MAIN STREET

Suite, Apt. #, etc.

City & State

City & State

SARASOTA FL

Zip

Country

Zip

34236

Country

USA

4. FEI Number

59-3506294

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEATTIE, JOHN C JR
322 S. WASHINGTON DRIVE
SARASOTA FL 34239

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 D
NAME BEATTIE, JOHN C JR
STREET ADDRESS 322 S. WASHINGTON DRIVE
CITY-ST-ZIP SARASOTA FL 34239

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME BEATTIE, TERRY E JR
STREET ADDRESS 322 S. WASHINGTON DRIVE
CITY-ST-ZIP SARASOTA FL 34239

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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

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)