

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000108424

1. Entity Name

ARTISTS GALLERY LIMITED, INC.

FILED

Mar 06, 2000 8:00 am  
Secretary of State

03-06-2000 90116 047 \*\*\*150.00

Principal Place of Business

Mailing Address

SO. OCEAN SHORE BLVD.  
FINGER BEACH FL 32136

EG MULGREW  
2 CHESNEY COURT  
PALM COAST FL 32137-8356  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3552604

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

ROTENBERG, JEROME ESQ.  
4 OLD KINGS RD. NORTH, STE.B  
PALM COAST FL 32137

Name

N/A

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
ROSEN, AUDREY L  
56 COCHISE CT.  
PALM COAST FL 32137

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/D  
KAREN McKinnon  
50 Sea Vista Dr.  
Palm Coast, FL 32137

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
STOEVEY, KARIN  
13 CLEVELAND CT.  
PALM COAST FL 32137

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S/D  
DIANE GROVER  
23 San Jose Dr.  
Palm Coast, FL 32137

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
MULGREW, EILEEN G  
2 CHESNEY CT.  
PALM COAST FL 32137

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T/D  
Audrey ROSEN  
56 Cochise Ct.  
PALM COAST, FL 32137

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
CERRETA, PETER A  
28 LAGO VISTA PLACE  
PALM COAST FL 32164

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS/D  
Bernard Wray  
35 Barrington Dr.  
Palm Coast, FL

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ASD  
WRAY, BERNIE  
35 BARRINGTON DR.  
PALM COAST FL 32137

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Audrey L. ROSEN  
Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

(904) 445-2053

CR2E034 (9/99)