

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90038 021 \*\*\*150.00

**DOCUMENT # P98000108424**

1. Entity Name

**ARTISTS GALLERY LIMITED, INC.**

Principal Place of Business

**1842-A SO. OCEAN SHORE BLVD.  
FLAGLER BEACH FL 32136**

Mailing Address

**56 COCHISE CT.  
PALM COAST FL 32137  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3552604**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**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

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, 2001 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	MCKINNON, KAREN	50 SEA VISTA DR.	PALM COAST FL 32137	P-S-D	GROVER, Diane	23 SAN JOSE Dr.	Palm Coast, FL 32137
SD	GROVER, DIANE	23 SAN JOSE DR.	PALM COAST FL 32137	VP-D	McHugh, Pauline	6 Collingdale Ct.	Palm Coast, FL 32137
TD	ROSEN, AUDREY	56 COCHISE CT.	PALM COAST FL 32137				
PSD	BERNARD, WRAY	35 BARRINGTON DR.	PALM COAST FL				
ASD	WRAY, BERNIE	35 BARRINGTON DR.	PALM COAST FL 32137				

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

1/30/01

Date

(904) 445-2053

Daytime Phone #

CR2E034 (10/00)