2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P9900003256 **DOCUMENT #**

1. Entity Name LAPOINTE GALLERIE, INC.



2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

FILED Jan 21, 2003 8:00 am Secretary of State

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Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING COLORS State Chry & State Chry & State Chry & State Sp-3552050 Zip	ipal Place of Busines SAN MARCO RD. CO ISLAND FL 34145	Mailing Address 1763 SAN MARCO RD. MARCO ISLAND FL 34145			
City & State Country Country Country Country S. Certificate of Status Desired File Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FL City FL City FL City FL City FL Street Address (P.O. Box Number is Not Acceptable) City FL Street Address (P.O. Box Number is Not Acceptable) Dity FL Street Address (P.O. Box Number is Not Acceptable) Dity FL Street Address (P.O. Box Number is Not Acceptable) Dity FL Street Address (P.O. Box Number is Not Acceptable) Dity FL Street Address (P.O. Box Number is Not Acceptable) Dity FL Street Address (P.O. Box Number is Not Acceptable) Dity FL Street Address (P.O. Box Number is Not Acceptable) Dity FL Street Address (P.O. Box Number is Not Acceptable) Dity FL Street Address (P.O. Box Number is Not Acceptable) Dity FL Street Address (P.O. Box Number is Not Acceptable) Dity FL Street Address (P.O. Box Number is Not Acceptable) Dity FL Street Address (P.O. Box Number is Not Acceptable) The State of Florida. I am far the objective of Agent signature required share refusion share	incipal Place of Busi	3. Mailing Address	11 54 121 55 111 55166 11216 1256 2 112 6 1121		
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Solution	ty & State	City & State 4. FEI Number 59-3552050	Applied For	_	
6. Name and Address of Current Registered Agent MCKEAN, BARBARA 950 N COLLIER BLVD., STE 419 MARCO ISLAND FL 34145 City FL 6. 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 far the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State III.E AMALE LAPOINTE, JEAN D 1783 SAN MARCO RD. MARCO ISLAND FL 34145 Delete III.E MAKE SIRET ADDRESS CITY-S1-ZPP MARCO ISLAND FL 34145 Delete III.E MAKE SIRET ADDRESS CITY-S1-ZPP III.E III.E MAKE SIRET ADDRESS CITY-S1-ZPP III.E III.E	p ,-	Zip Country	Not Applical \$8.75 Additional Fee Required.	ble	
MCKEAN, BARBARA 950 N COLLIER BLVD., STE 419 MARCO ISLAND FL 34145 City FL	6. Name	Registered Agent 7. Name and Address of New Re		\exists	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am far the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required whan reinstating) DATE	ON COLLIER BLV	* ************************************			
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinsating) DATE		City	FL Zip Code .	\neg	
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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: