

**2000 UNIFORM BUSINESS REPORT (UBR)**

2/20.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90043 038 \*\*\*150.00

**DOCUMENT # P99000022205**  
 1. Entity Name  
**BEHIND CLOTHES DRAWERS, INC. NC March 1, 2000**  
**R.L. GALEN, INC.**

Principal Place of Business      Mailing Address  
 1252 WELLINGTON TERRACE      1252 WELLINGTON TERRACE  
 MAITLAND FL 32751              MAITLAND FL 32751-3449

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



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
 59-3607621      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 LONDON, LOREN  
 1252 WELLINGTON TERRACE  
 MAITLAND FL 32751

**7. Name and Address of New Registered Agent**  
 Name  
**Jeffrey M. Koltun, Esquire**  
 Street Address (P.O. Box Number is Not Acceptable)  
**557 North Wymore Road, Suite 100**  
 City                                      **FL**      Zip Code  
**Maitland**                                  **32751**

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]*      DATE **2/14/00**  
Signature typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.        
**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director <input type="checkbox"/> Delete London, Loren 1252 Wellington Terrace Maitland, Florida 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition London, Loren 1252 Wellington Terrace Maitland, Florida 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition London, Robert Adam 1252 Wellington Terrace Maitland, Florida 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*      Date **2/10/00**      Daytime Phone # **407-834-7811**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)