2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000022205 1. Entity Name BEHIND CLOTHES DRAWERS, INC. NC March 1, 2000 R.L. GALEN, INC.				<sup>2/20,</sup> FILED Apr 26, 2000 8:00 an Secretary of State 02-20-2000 90043 038 ***150.00	
rincipal Place of Business	Mailing Address				
252 WELLINGTON TERRACE AITLAND FL 32751	1252 WELLINGTON TERRACE MAITLAND FL 32751-3448				
. Principal Place of Business	3. Mailing Address	<u></u>			
ite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN TH	IS SPACE
City & State City & State				El Number 9 – 3607621	Applied For Not Applicable
Zip Country	Zip	Country	50	Certificate of Status Desired	\$8.75 Additional
6. Name and Address of Curre	nt Registered Agent			lame and Address of New Register	
LONDON, LOREN 1252 WELLINGTON TERRACE MAITLAND FL 32751		Street Ac	Idress (P.O. B	Koltun, Esquire ox Number is Not Acceptable) Wymore Road, Sui	
. /	1	City	land		L Zip Code
3. The above named editive submits this statement SIGNATURE	A Ctc		registered ag	2/14/0	/ // TE
his corporation is eligible to satisfy its Intangible ax filing requirement and elects to do so. See criteria on back)			50.00 t of State	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
	ND DIRECTORS	. 12.		DDITIONS/CHANGES TO OFFICERS	
MTE President/Director □Delete NAME London, Loren STREET ADDR5SS 1252 Wellington Terrace CITY-ST-ZP Maitland, Florida 32751		NAME STREET ADDRESS	London 1252 W	ary/Treasurer , Loren Wellington Terra Md. Florida 32	Ce 6
ITLE IAME TREET ADDRESS		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Presid London 1252 W Maitla	lent/Director , Robert Adam Vellington Terra ind, Florida 32	Ctuange Addition
ITY-ST-ZIP ITLE NAME STREET ADDRESS ITY-ST-ZIP	S S		- 3		Change Addition
IITLE VAME STREET ADDRESS CITY-ST-ZIP	Delete	THLE NAME STREET ADDRESS CITY- ST-ZIP			Change C Addition
TITLE NAME	SS Delete				Change C Addition
STREET ADDRESS CITY-ST-2IP		TITLE			Change C Addition
	Delete	NAME STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP TITLE NAME STREET ADDRESS	with this filing does not qualify fo ort is true and accurate and that r mpowered to execute this report	STREET ADDRESS CIFY-ST-ZIP r the exemption sta ny signature shall as required by Ch	have the same	<ul> <li>legal effect as if made under oath; t rida Statutes; and that my name app</li> </ul>	hat I am an officer or director I