

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90206 050 ***158.75

DOCUMENT # P99000030850

1. Entity Name

THOMAS KINKADE SIGNATURE GALLERIES OF TAMPA BAY,

Principal Place of Business

13920 58TH ST.
SUITE 1006
CLEARWATER FL 33760

Mailing Address

13920 58TH ST.
SUITE 1006
CLEARWATER FL 33760

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3573879

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE FL 32301-1283

Name

THOMAS Kinkade Signature Galleries of Tampa Bay Inc.

Street Address (P.O. Box Number is Not Acceptable)

C/O Linda Laughlin

13920 58th St. Suite #1006

City

CLEARWATER

FL

Zip Code

33760

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

Linda Laughlin - Treasurer

2/6/01

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	D	<input checked="" type="checkbox"/> Delete
NAME	SHAMS, ANN B	
STREET ADDRESS	%1919 BRIGHTWATERS BLVD. N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID D. Desper, Jr.	
STREET ADDRESS	1273. 79th St. South.	
CITY-ST-ZIP	St. Petersburg, FL. 33707.	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles O. Laughlin II	
STREET ADDRESS	4977 Kilkenny Way	
CITY-ST-ZIP	Oldsmar, FL 34677.	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIANA L. Desper	
STREET ADDRESS	1273. 79th St. South.	
CITY-ST-ZIP	St. Petersburg, FL. 33707.	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA L. Laughlin	
STREET ADDRESS	4977 Kilkenny Way.	
CITY-ST-ZIP	Oldsmar, FL 34677.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 life empowered.

SIGNATURE:

Linda L. Laughlin

DATE

2/6/01 (727) 533-0908

Daytime Phone #

CR2E034 (10/00)