

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State
 04-06-2001 90003 003 ***150.00

0426784

DOCUMENT # P99000061107

1. Entity Name

SIGNATURE ART GALLERY & BATIKS, INC.

Principal Place of Business

**3265 TAMPA ROAD
 PALM HARBOR FL 34684**

Mailing Address

**3265 TAMPA ROAD
 PALM HARBOR FL 34684**

2. Principal Place of Business

151 Palm Boulevard West

Suite, Apt. #, etc.

Dunedin, FL 34698

3. Mailing Address

151 Palm Boulevard West

Suite, Apt. #, etc.

Dunedin, FL

City & State

City & State

Dunedin, FL

Zip

34698

Country

Pinellas

Zip

34698

Country

Pinellas

6. Name and Address of Current Registered Agent

**KATHLEEN LAMBERT, KATHLEEN M
 3265 TAMPA ROAD 151 Palm Boulevard West
 TAMPA FL 34684 Dunedin, FL 34698**

4. FEI Number

59-3590080

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

7. Name and Address of New Registered Agent

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

TITLE **P** ☐ Delete
 NAME **LAMBERT, KATHLEEN M**
 STREET ADDRESS **3265 TAMPA ROAD**
 CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **151 Palm Boulevard West**
 CITY-ST-ZIP **Dunedin, FL 34698**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 I am empowered.

SIGNATURE:

Kathleen M. Lambert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHLEEN M. LAMBERT

4-4-01

Date

(727) 738-8467

Daytime Phone #

CR2E034 (10/00)