## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 22, 2000 8:00 am Secretary of State DOCUMENT # P99000093405 1. Entity Name TILTING AT WINDMILLS GALLERY, INC. 03-22-2000 90074 049 \*\*\*150.00 Mailing Address Principal Place of Business 26370 HICKORY BOULEVARD 26370 HICKORY BOULEVARD SUITE 306 SUITE 306 BONITÀ SPRINGS FL 34134-3741 BONITA SPRINGS FL 34134 2. Principal Place of Business 3. Mailing Address 27180 BAY LANDING DR 7180 BAY LANDING DR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Swtc 4 Applied For 4. FEI Number City & State 593607627 ONITH SPRINGS, FL Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired U5.4 Fee Required 34135 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOLFF, CASEY Street Address (P.O. Box Number is Not Acceptable) PAULICH, SLACK & WOLFF, P.A. 801 ANCHOR RODE DR., STE. 203 NAPLES FL 34103 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PRESIDENT TITI F ☐ Change \* Addition TITLE ☐ Delete SUZAN STAMM-CLAYTOR NAME NAME 20370 HICKORY BIVD #403/ PO 1275 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOWTH SPRINGS, FL 34134 / Monchospe VT 05255 CITY-ST-ZIP ODDITT, AV ☐ Change Addition ☐ Delete TITLE TITLE HARRY F. CLAYTOR NAME NAME STREET ADDRESS 26370 HICKORY BLVD # 603, PO 1275 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOUTH SPRINGS FL 34134 Manchester VT052 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70 ☐ Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.