

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90252 003 ***150.00

DOCUMENT # P99000094921

1. Entity Name
GALLERY 21 CORPORATION

Principal Place of Business
**315 BARLEIGH AVE.
 HOLLY HILL FL 32117**

Mailing Address
**315 BARLEIGH AVE.
 HOLLY HILL FL 32117**

2. Principal Place of Business
54 Luna Street
 Suite, Apt. #, etc.

3. Mailing Address
54 Luna Street
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
St. Augustine, FL
 Zip
32084
 Country
U.S.A.

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St. Augustine, FL
 Zip
32084
 Country
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4. FEI Number **59-3607067**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ROENICKE, JAY R
 315 BURLEIGH AVE.
 HOLLY HILL FL 32117**

*New Address
 Same Agent*

7. Name and Address of New Registered Agent

Name **(Same) Roenicke, Jay R.**
 Street Address (P.O. Box Number is Not Acceptable)
54 Luna Street
 City **St. Augustine** FL Zip Code **32084**

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 **N/A**

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
 NAME **CPTD ROENICKE, RANDAL J** ☐ Delete
 STREET ADDRESS **315 BURLEIGH AVE.**
 CITY-ST-ZIP **HOLLY HILL FL 32117**

TITLE
 NAME **D LIPPOLD, CARL** ☐ Delete
 STREET ADDRESS **275 INDIGO DR., UNIT 106**
 CITY-ST-ZIP **HOLLY HILL FL 32117**

TITLE
 NAME **VPSD LIPPOLD, BETTY** ☐ Delete
 STREET ADDRESS **275 INDIGO DR., UNIT 106**
 CITY-ST-ZIP **HOLLY HILL FL 32117**

TITLE
 NAME **D ESRAELI, ABDULLAH** ☐ Delete
 STREET ADDRESS **275 INDIGO DR., UNIT 106**
 CITY-ST-ZIP **DAYTONA BEACH FL 32117**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **(Same)** ☒ Change ☐ Addition
 STREET ADDRESS **54 Luna Street**
 CITY-ST-ZIP **St. Augustine, FL 32084**

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

TITLE
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 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 like empowered.

SIGNATURE: **Randal J Roenicke (President)** April 10, 01 904-824-0840
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)