

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000097155****1. Entity Name**
GALERIE AZUR, INC.**FILED**
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90027 011 ***150.00

8

Principal Place of Business
1300 3RD. ST. SOUTH,STE.103E
NAPLES FL 34102**Mailing Address**
1300 3RD. ST. SOUTH,STE.103E
NAPLES FL 34102**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3608488

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****BROWN, ANNA L**
1100 FIFTH AVE.,SO.,STE.201
NAPLES FL 34102

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**
D
NAME
BULOT, MARIE
STREET ADDRESS
1300 3RD. ST. SOUTH,STE.103E
CITY - ST - ZIP
NAPLES FL 34102☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Delete**TITLE**
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CITY - ST - ZIP☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ Addition**TITLE**
NAME
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CITY - ST - ZIP☐ Change ☐ Addition**TITLE**
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STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ Addition**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARIE J. BULOT

CR2E034 (10/00)