

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90022 032 ***150.00

DOCUMENT # S10048

1. Entity Name
POTTERY SHED, INC.

Principal Place of Business

**RT. 2 BOX 235 H.V.
 HIGH SPRINGS FL 32643-9331
 US**

Mailing Address

**ROUTE 2 BOX 235 H.V.
 HIGH SPRINGS FL 32643-9802
 US**



DO NOT WRITE IN THIS SPACE

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 **59-3035524**

Applied For

Not Applicable

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

**REILLY, WILLIAM G.
 RT 2 BOX 235 HV
 HIGH SPRINGS FL 32643**

Name **BARBARA WAKEFIELD**

Street Address (P.O. Box Number is Not Acceptable)
RT 2, Box 228

City **HIGH SPRINGS** **FL** Zip Code **32643**

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 *Barbara Wakefield*

1-25-02

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, 2002 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 **P** ☐ Delete
 NAME **REILLY, KATHLEEN**
 STREET ADDRESS **RT. 2 BOX 226**
 CITY-ST-ZIP **HIGH SPRINGS FL 32643**

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

TITLE **D** ☒ Delete
 NAME **REILLY, WILLIAM G**
 STREET ADDRESS **ROUTE 2, BOX 235**
 CITY-ST-ZIP **HIGH SPRINGS FL**

TITLE ☐ Change ☒ Addition
 NAME **NANCY A. REILLY**
 STREET ADDRESS **928 S.W. 51st way**
 CITY-ST-ZIP **GAINESVILLE, FL. 32607**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 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 like empowered.

SIGNATURE: *Kathleen Reilly* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-02

Date

386-454-3559

Daytime Phone #

CR2E034 (9/01)