

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 16, 2003 8:00 am**  
**Secretary of State**

06-16-2003 90136 016 \*\*\*150.00

**DOCUMENT # S10048**

1. Entity Name  
**POTTERY SHED, INC.**



Principal Place of Business  
RT. 2 BOX 235 H.V.  
HIGH SPRINGS FL 32643-9031  
US

Mailing Address  
ROUTE 2 BOX 235 H.V.  
HIGH SPRINGS FL 32643-9002  
US

**90136003**

2. Principal Place of Business  
**582 SE HAPPY VALLEY GLEN**  
Suite, Apt. #, etc.

3. Mailing Address  
**582 SE HAPPY VALLEY GLEN**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**High Springs FL**  
Zip  
**32643**  
Country  
**COLUMBIA**

City & State  
**High Spgs. FL**  
Zip  
**32643**  
Country  
**COLUMBIA**

4. FEI Number  
**59-3035524**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**8. Name and Address of Current Registered Agent**

**WAKEFIELD, BARBARA**  
**RT. 2 BOX 228 426 SE HAPPY VALLEY GLEN**  
**HIGH SPRINGS FL 32643**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

**426 SE HAPPY VALLEY GLEN**

City  
**High Spgs**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**REILLY, KATHLEEN**  
**RT. 2 BOX 226 582 SE HAPPY VALLEY GLEN**  
**HIGH SPRINGS FL 32643**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**REILLY, NANCY A**  
**928 SW 51ST WAY**  
**GAINESVILLE FL 32607**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. 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

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-19-03**

Date

**386-454-3559**

Daytime Phone #

CR2E034 (10/02)