

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # S68526**

1. Entity Name

**GARY HARVEY INTERIORS INC.****FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90036 021 \*\*\*150.00

Principal Place of Business

**1290 N. PALM AVENUE  
SARASOTA FL 34236**

Mailing Address

**1290 N. PALM AVENUE  
SARASOTA FL 34236**

2. Principal Place of Business

**4473 LONGMEADOW DR**

3. Mailing Address

**1515 RINGLING BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 890**

City &amp; State

**SARASOTA FL**

City &amp; State

**SARASOTA FL**

Zip

**34235**

Country

**USA**

Zip

**34236**

Country

**USA**4. FEI Number **59-3083628**

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

**HARVEY, GARY  
1290 N. PALM AVENUE  
SARASOTA FL 34236**

Name

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

**4473 LONGMEADOW DRIVE**

City

**SARASOTA****FL****FL**

Zip Code

**34235**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HARVEY, GARY 1290 N PALM AVE SARASOTA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S, D 4473 LONGMEADOW DR SARASOTA FL 34235	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HARVEY, THELMA 1290 N PALM AVE SARASOTA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, T, D 4473 LONGMEADOW DR SARASOTA FL 34235	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

**2/12/01****941/953-4438**

CR2E034 (10/00)