

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90052 014 \*\*\*150.00

**DOCUMENT # V26129**

**1. Entity Name**  
**HENRY GARDINER FINE ART, INC.**

**Principal Place of Business**  
**5200 NORTH FLAGLER DR.**  
**#605**  
**WEST PALM BEACH FL 33407**

**Mailing Address**  
**5200 NORTH FLAGLER DR.**  
**#605**  
**WEST PALM BEACH FL 33407**

**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

**City & State**

**City & State**

**4. FEI Number** **65-0325242**

**Applied For**  
☐ **Not Applicable**

**Zip** **Country**

**Zip** **Country**

**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**

**GARDINER, HENRY**  
~~2085 EAGLE LANE~~  
~~WEST PALM BEACH FL 33409~~

**Name** **Gardiner, Henry**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**5200 North Flagler Dr. #605**  
**West Palm Beach, Florida, 33407**  
**City** **West Palm Beach** **FL** **Zip Code** **33407**

**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]* **DATE** **March 5, 2002**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **DPT** ☐ **Delete**  
**NAME** **GARDINER, HENRY**  
**STREET ADDRESS** ~~2085 EAGLE LANE~~  
**CITY-ST-ZIP** ~~W. PALM BEACH FL~~

☒ **Change** ☐ **Addition**  
**TITLE**  
**NAME**  
**STREET ADDRESS** **5200 N. Flagler Dr. #605**  
**CITY-ST-ZIP** **West Palm Beach, Fl 33407**

**TITLE** **VPS** ☐ **Delete**  
**NAME** **GARDINER, EUNICE**  
**STREET ADDRESS** ~~2085 EAGLE LANE~~  
**CITY-ST-ZIP** ~~W PALM BEACH FL~~

☒ **Change** ☐ **Addition**  
**TITLE**  
**NAME**  
**STREET ADDRESS** **5200 N. Flagler Dr. #605**  
**CITY-ST-ZIP** **West Palm Beach, Fl. 33407**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ **Change** ☐ **Addition**  
**TITLE**  
**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:** *[Signature]*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**DATE** **March 5, 2002** **DAYTIME PHONE #** **(561) 841-9433**

CR2E034 (9/01)