2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000045115**

1. Entity Name

SPECIALTY GIFTS OF SWFL, INC.

Principal Place of Business 1118 S.E. 21ST ST.

CAPE CORAL FL 33990

Mailing Address

1118 S.E. 21ST ST. CAPE CORAL FL 33990

US			US									
2. Principal Place of Business			3. Mailing Address				1 4 0 3 14 0 3 1 4 5 0 1 4 7 0 7 1	IAF BOOM BRIOK COMM	OBJUL CHO	D(W)(Df))(DB) (1041 0111 1001	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4 . f	FEI Number 65-0589191			Applied For Not Applicable		
Zip	Zip Country		Zip Coun		У .	5. Certificate of Status Desired		Desired - [\$8.75 Additional Fee Required			
	6. Name	and Address of Current R	egistered Agent			7. 1	lame and Address	of New Regist	ered Ag	ent		
	•				Name							
DORING.	LOUIS C III									_		
1118 S.E. 21ST ST.			Street Address			ss (P.O. B	Box Number is Not Ac	ceptable)			1	
		100										
CAPE CO	RAL FL 339	190										
					City				FL	Zip Code	Э	
R The above	named entit	y submits this statement for i	the nurnose of changing its	registered	I office or regis	stered an	ent or both in the St	ate of Florida		1		
o. The above	s named entit	y submits this statement for	the purpose of changing its	egistered	Tomice or regis	stered ag	ent, or both, in the of	ate or Florida.				
0.011471105												
SIGNATURE	Signature, typed	or printed name of registered agent an	d title if applicable. (NOTE	Registered A	Agent signature requ	ired when re	instating)	ī	DATE	-		
9 This corpo	oration is elig	ible to satisfy its Intangible	FILE NOW!	I FEE IS	\$ \$150.00							
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 			FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00			n	10. Election Camp	paign Financin	g	\$5.0	0 May Be	
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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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/02

941-939-2909

Daytime Phone #

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(E034 (9/01)

CHZEU34