

05-06-2003 90045 027 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 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 US

Mailing Address  
 1118 S.E. 21ST ST.  
 CAPE CORAL, FL 33990 US

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

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

1. INFORMATION FROM CURRENT OFFICIAL RECORDS MAY BE USED TO VERIFY THE INFORMATION PROVIDED ON THIS REPORT.  
 2. INFORMATION FROM PREVIOUS OFFICIAL RECORDS MAY BE USED TO VERIFY THE INFORMATION PROVIDED ON THIS REPORT.  
 3. INFORMATION FROM PREVIOUS OFFICIAL RECORDS MAY BE USED TO VERIFY THE INFORMATION PROVIDED ON THIS REPORT.

CURRENT FILING IS MARKED UNAPPROVED

City & State  
 City & State  
 A. FFI Number  
**65-0589181**  
 Applied For  
 Not Applicable

Zip  
 Country  
 Zip  
 Country  
 B. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 7. Name and Address of New Registered Agent

DORING, LOUIS C III  
 1118 S.E. 21ST ST.  
 CAPE CORAL, FL 33990

Name  
**DORING, EVA I.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1118 S.E. 21ST. STREET**  
 City  
**CAPE CORAL FL** Zip Code  
**33990**

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 *Lwa S Doring* **EVA I. DORING/PVST/D/M 4/30/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when warranted) DATE

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS  
 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE <b>PVST</b> NAME <b>DORING, LOUIS C III</b> STREET ADDRESS <b>1118 S.E. 21ST ST.</b> CITY-STATE-ZIP <b>CAPE CORAL, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>PVST</b> NAME <b>DORING, EVA I.</b> STREET ADDRESS <b>1118 SE, 21ST. STREET</b> CITY-STATE-ZIP <b>CAPE CORAL, FL 33990</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>DORING, LOUIS C III</b> STREET ADDRESS <b>118 S.E. 21ST ST.</b> CITY-STATE-ZIP <b>CAPE CORAL, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>D</b> NAME <b>DORING, EVA I.</b> STREET ADDRESS <b>1118 SE, 21ST. STREET</b> CITY-STATE-ZIP <b>CAPE CORAL, FL 33990</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>M</b> NAME <b>DORING, EVA I</b> STREET ADDRESS <b>118 S.E. 21ST ST.</b> CITY-STATE-ZIP <b>CAPE CORAL, FL</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 637, 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: *Lwa S Doring* **EVA I. DORING PVST/D/M 4/30/03 (239) 574-5184**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Current Phone #

CR2E034 (1/01/02)