

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91773 041 ***150.00

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DOCUMENT # P99000087350

1. Entity Name
SUE'S CARDS AND GIFTS, INC.



Principal Place of Business
**3619 49TH STREET NORTH
SAINT PETERSBURG FL 33710**

Mailing Address
**2955 CYPRESS POINT COURT
TARPON SPRINGS FL 34689**

2. Principal Place of Business

3. Mailing Address
1094 Misty Hollow Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
TARPON SPRINGS, FLORIDA

4. FEI Number
59-3601811

Applied For
 Not Applicable

Zip Country

Zip Country
34688 Pinellas

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**NIGRO, SUZANNE M
2955 CYPRESS POINT COURT
TARPON SPRINGS FL 34689**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
NAME **NIGRO, SUZANNE M**
STREET ADDRESS **2955 CYPRESS PT CT**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** Delete
NAME **NIGRO, GENE T**
STREET ADDRESS **2955 CYPRESS POINT COURT**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

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 **Suzanne M. Nigro** **SUZANNE M. Nigro** **4/20/03** **(827) 943-2100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)