

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90071 006 \*\*\*150.00

**DOCUMENT # P99000091456**

1. Entity Name

**PREGIFT.COM, INC.**

Principal Place of Business

**8855 COLLINS AVE.,NO.1204  
 SURFSIDE FL 33154**

Mailing Address

**8855 COLLINS AVE.,NO.1204  
 SURFSIDE FL 33154-3599**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0955606**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DICKSON, L.JAMES  
 4707 140TH AVE.,NORTH,STE.309  
 CLEARWATER FL 33762**

7. Name and Address of New Registered Agent

Name **BRYAN DRESDEN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2106 DREW STREET STE #103**  
 City **CLEARWATER FL** Zip Code **33765**

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 **BRYAN DRESDEN, DIRECTOR** DATE **1/15/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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, 2000 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>DRESDEN, BRYAN</b>
STREET ADDRESS	<b>8855 COLLINS AVE.,NO.1204</b>
CITY-ST-ZIP	<b>SURFSIDE FL 33154</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MENSH, BRETT</b>
STREET ADDRESS	<b>500 WEST 43RD. ST.,APT.25G</b>
CITY-ST-ZIP	<b>NEW YORK NY 10036</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>DRESDEN, SCOTT C</b>
STREET ADDRESS	<b>222 MAMARONECK AVE.,NO.211</b>
CITY-ST-ZIP	<b>WHITE PLAINES NY 10605</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SHELDON, STUART</b>
STREET ADDRESS	<b>120 TEXAS</b>
CITY-ST-ZIP	<b>SAN FRANCISCO CA 94107</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(c), 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: **BRYAN DRESDEN** DATE **1/15/00** DAYTIME PHONE # **305 632-6310**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)