

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 08:00 AM
Secretary of State

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
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2. Principal Place of Business 2106 DREW STREET	3. Mailing Address 2106 DREW STREET
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Suite, Apt. #, etc. STE 103	Suite, Apt. #, etc. STE 103
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City & State CLEARWATER FL	City & State CLEARWATER FL
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Zip 33765	Country US	Zip 33765	Country US
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4. FEI Number 65-0955606	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DRESDEN BRYAN
2106 DREW ST SUITE #103

CLEARWATER FL 33765

7. Name and Address of New Registered Agent

Name DRESDEN BRYAN
Street Address (P.O. Box Number is Not Acceptable) 2106 DREW ST SUITE #103
City CLEARWATER FL 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 _____ **04/24/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2001 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME DRESDEN BRYAN	STREET ADDRESS 2106 DREW STREET #103	CITY-ST-ZIP CLEARWATER FL 33765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Bryan Dresden **D** **04/24/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)