

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036249

1. Entity Name

2-\$1.00 CARDS ETC. & MORE, INC.

FILED

Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90114 008 ***150.00

Principal Place of Business

Mailing Address

2100 MCGREGOR BLVD.
FT. MYERS FL 33901

2100 MCGREGOR BLVD.
FT. MYERS FL 33901-3418

2. Principal Place of Business

3. Mailing Address

13971 N. Cleveland Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. Fort Myers, FL

City & State

4. FEI Number

65-0926088

Applied For

Not Applicable

Zip

33903

Country

Lee

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIFFITH, ALLAN T P.A.
2100 MCGREGOR BLVD.
FT. MYERS FL 33901

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

SIGNATURE

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, 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 PST
NAME GRIFFITH, ALLAN T
STREET ADDRESS 2100 MCGREGOR BLVD.
CITY-ST-ZIP FT. MYERS FL 33901 ☒ Delete

TITLE VPD
NAME GRIFFITH, ALLAN T
STREET ADDRESS 2100 MCGREGOR BLVD.
CITY-ST-ZIP FT. MYERS FL 33901 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE PST
NAME JoAnne Marchand
STREET ADDRESS 13971 N. Cleveland Avenue
CITY-ST-ZIP North Fort Myers, FL 33903 ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/00

Date

941-995-4211

Daytime Phone #

CR2E034 (9/99)