

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90060 008 \*\*\*150.00

**DOCUMENT # 485235**

1. Entity Name

**E.B. GIFFORD INC.**

Principal Place of Business

Mailing Address

890 S.W. 34TH ST.  
 PALM CITY FL 34990

890 S.W. 34TH ST.  
 PALM CITY FL 34990-1838

000043



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1032 S.W. POPLAR CT

3. Mailing Address

1032 SW POPLAR CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM CITY FL

City & State

PALM CITY FL

4. FEI Number

59-1624379

Applied For

Not Applicable

Zip

34990

Country

USA

Zip

34990

Country

U.S.A.

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

GIFFORD, EDWIN  
 890 SOUTHWEST 34TH STREET  
 PALM CITY FL 34990

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

1032 SW POPLAR CT

City

PALM CITY

FL

Zip Code

34990

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

EDWIN GIFFORD

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.

**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	P	<input type="checkbox"/> Delete
NAME	GIFFORD, EDWIN B	
STREET ADDRESS	890 SW 34TH STREET	
CITY-ST-ZIP	PALM CITY FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GIFFORD, CATHLEEN	
STREET ADDRESS	890 SW 34TH ST	
CITY-ST-ZIP	PALM CITY, FL 00000	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1032 SW POPLAR CT	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1032 S.W. Poplar Ct	
CITY-ST-ZIP	PALM CITY FL 34990	
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)(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:

CATHLEEN GIFFORD

3-13-00

561-283-0434

Date

Daytime Phone #

CR20034 (9/99)