

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 491487**

1. Entity Name

STAR GIFTS, INC.**FILED**
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90021 023 ***158.75

Principal Place of Business

16000 CHAMBERLIN-8674
SW FLA INTERNAT'L AIRPORT
FT MYERS FL 33913
US

Mailing Address

16000 CHAMBERLIN-8674
SW FL. INTERNATIONAL AIRPORT
FT. MYERS FL 33913-8829
US

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

59-1645708Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****ACKERMAN, LOIS VOLK**
4510 SE 9TH PL
CAPE CORAL FL 33904**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.

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	ST	<input type="checkbox"/> Delete
NAME	COSTELLO, DOROTHY	
STREET ADDRESS	18150 ADAMS CIR	
CITY-ST-ZIP	FT. MYERS FL 33913	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ACKERMAN, LOIS VOLK	
STREET ADDRESS	4510 S E 9TH PL	
CITY-ST-ZIP	CAPE CORAL, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #