

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**  
 05-16-2002 90027 002 \*\*\*150.00

**DOCUMENT # 826870**

1. Entity Name  
**SPENCER GIFTS, INC.**

Principal Place of Business  
**6826 BLACK HORSE PIKE**  
**SUITE 128**  
**EGG HARBOR TWSP NJ 08234**  
**US**

Mailing Address  
**ATTN: HOWARD PRESNALL**  
**6826 BLACK HORSE PIKE, #128**  
**EGG HARBOR TWP NJ 08234**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**22-1935091**

Applied For

Not Applicable

Zip

Country

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

**CT-CORPORATION-SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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, 2002 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** ☒ Delete  
 NAME **CAREY, GENE**  
 STREET ADDRESS **6826 BLACK HORSE PIKE**  
 CITY-ST-ZIP **EGG HARBOR TWSP NJ**

TITLE **STEVEN D. SHAKEN** ☐ Change ☒ Addition  
 NAME **6826 BLACK HORSE PIKE**  
 STREET ADDRESS **EGG HARBOR TWSP NJ 08234**  
 CITY-ST-ZIP

TITLE **VS** ☐ Delete  
 NAME **MANGEL, RONALD**  
 STREET ADDRESS **6826 BLACK HORSE PIKE**  
 CITY-ST-ZIP **EGG HARBOR TWSP NJ**

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

TITLE **C** ☐ Delete  
 NAME **HACALA, JOHN**  
 STREET ADDRESS **6826 BLACK HORSE PIKE**  
 CITY-ST-ZIP **EGG HARBOR TWSP NJ**

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

TITLE **D** ☐ Delete  
 NAME **RANDALL, KAREN**  
 STREET ADDRESS **100 UNIVERSAL CITY PLAZA**  
 CITY-ST-ZIP **UNIVERSAL CITY CA 91608**

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

TITLE **VAS** ☐ Delete  
 NAME **GARCIA, SHARON S.**  
 STREET ADDRESS **100 UNIVERSAL CITY**  
 CITY-ST-ZIP **UNIVERSITY CA**

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

TITLE **D** ☐ Delete  
 NAME **WILLIAMS, THOMAS L**  
 STREET ADDRESS **100 UNIVERSAL CITY**  
 CITY-ST-ZIP **UNIVERSAL CITY CA 91608**

TITLE ☐ Change ☐ 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:

*Gregory T. Moulton*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)