

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F96871

FILED
Sep 11, 2002
Secretary of State

Entity Name: JOHNSTON'S CARD & GIFT SHOP, INC.

Current Principal Place of Business:

5610 T.P.C. BLVD.
LUTZ, FL 33558 US

New Principal Place of Business:

Current Mailing Address:

5610 T.P.C. BLVD.
LUTZ, FL 33558 US

New Mailing Address:

FEI Number: 59-2218950 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSTON, LIZABETH
5610 T.P.C. BLVD.
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: JOHNSTON, LIZABETH
Address: 5610 T.P.C. BLVD.
City-St-Zip: LUTZ, FL 33558 US

Title: VD () Delete
Name: JOHNSTON, TIMOTHY
Address: 4840 VERONA CIR
City-St-Zip: MELBOURNE, FL 32940

Title: DV () Delete
Name: SADWICK, DEBRA
Address: 6210 NIMES CT
City-St-Zip: LUTZ, FL 33558

Title: VTD () Delete
Name: JOHNSTON, EVAN
Address: 5610 T.P.C. BLVD.
City-St-Zip: LUTZ, FL 33558 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: JOHNSTON, LIZABETH PRES
Address: 5610 T.P.C. BLVD.
City-St-Zip: LUTZ, FL 33558 US

Title: VP (X) Change () Addition
Name: JOHNSTON, TIMOTHY VP
Address: 4840 VERONA CIR
City-St-Zip: MELBOURNE, FL 32940

Title: VP (X) Change () Addition
Name: SADWICK, DEBRA VP
Address: 6210 NIMES CT
City-St-Zip: LUTZ, FL 33558

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA SADWICK

VP

09/11/2002

Electronic Signature of Signing Officer or Director

_____ Date