2000 UNIFORM BUSINESS REPORT (UBR) Apr 24, 2000 8:00 am Secretary of State DOCUMENT # **H93967** D & D CARDS & GIFTS, INC. 04-24-2000 90124 032 ***150.00 Mailing Address Principal Place of Business 7312 MANATEE AVENUE WAY 7312 MANATEE AVENUE W BRADENTON FL 34209-3441 **BRADENTON FL 34209** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2623910 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name POPE, JOHN, F Street Address (P.O. Box Number is Not Acceptable) 717 12TH ST WEST **BRADENTON FL 34205** Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ___ Addition ☐ Delete TITLE TITLE BARTON, DONALD W. NAME NAME 6470 MOURNING DOVE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE BARTON, DOROTHY L. NAME NAME STREET ADDRESS STREET ADDRESS 6470 MOURNING DOVE DR. CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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TITLE

TITLE

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SIGNATURE:

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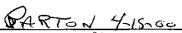
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