

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

0511484 AV

DOCUMENT # **H93967**

1. Entity Name  
**D & D CARDS & GIFTS, INC.**

04-02-2002 90108 014 \*\*\*150.00

Principal Place of Business  
**7312 MANATEE AVENUE W**  
**BRADENTON FL 34209**  
**US**

Mailing Address  
**7312 MANATEE AVENUE WAY**  
**BRADENTON FL 34209**  
**US**



2. Principal Place of Business  
**5608 Cortez Road W**  
 Suite, Apt. #, etc.

3. Mailing Address  
**5608 Cortez Road W**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Bradenton FL**

City & State  
**Bradenton FL**

Zip  
**34210**

Country  
**USA**

4. FEI Number  
**59-2623910**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**POPE, JOHN, F**  
**717 12TH ST WEST**  
**BRADENTON FL 34205**

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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>BARTON, DONALD W.</b> <b>6470 MOURNING DOVE DR.</b> <b>BRADENTON FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>BARTON, DOROTHY L.</b> <b>6470 MOURNING DOVE DR.</b> <b>BRADENTON FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>Barton, Donald W</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6460 MOURNING DOVE DR.</b> <b>BRADENTON FL 34210</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>Barton, Dorothy L</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6460 MOURNING DOVE DR.</b> <b>BRADENTON FL 34210</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Donald W. Barton* **8-25-02** **946-792-8461**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**DONALD W. BARTON** Date Daytime Phone #

CR2E034 (9/01)