

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **531122**  
 1. Entity Name  
**GREETING CARD DEPOT, INC.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

01 JUN 11 AM 11:52

Principal Place of Business Mailing Address

2. Principal Place of Business  
**4905 LAGUNA VISTA DRIVE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**4905 LAGUNA VISTA DRIVE**  
 Suite, Apt. #, etc.

City & State  
**MELBOURNE, FLORIDA**  
 Zip  
**32934**  
 Country  
**USA**

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**MELBOURNE, FLORIDA**  
 Zip  
**32934**  
 Country  
**USA**

**REINSTATEMENT 00-01**  
 DO NOT WRITE IN THIS SPACE  
**65-22-01 90792 004 \$191.25**  
 4. FEI Number  
**65-0564076**  
 Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**RUNTE, ROBERT**  
**4905 LAGUNA VISTA DRIVE**  
**MELBOURNE, FLORIDA 32934**

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 **ROBERT RUNTE, PRESIDENT** *Robert Runte* **04-19-01**  
 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, 2001 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	PD MORAN, WILLIAM 3200 NE 14TH STREET POMPAO BEACH, FL 33062 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUNTE, ROBERT 4905 LAGUNA VISTA DRIVE MELBOURNE, FLORIDA 32934 <input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300004423159--6</b> <b>-06/15/01--01084--024</b> <b>****717.50 ****717.50</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUNTE, ROBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4905 LAGUNA VISTA DRIVE</b> <b>MELBOURNE, FLORIDA 32934</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

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: *Robert Runte* **ROBERT RUNTE, PRESIDENT** **04/19/01** **321-253-0801**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/00)