2003 FOR PROFIT CORPORATION

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

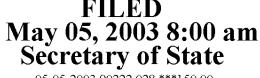
#C6

US

20437 ST ROAD 7

BOCA RATON FL 33498

UNIFORM BUSINESS REPORT (UBR) L48022 DOCUMENT # 1. Entity Name GIFTS FOR YOU, INC.



BR)	May 05, 2003 8:00 am Secretary of State 05-05-2003 90222 028 ***150.00	
	☐ CHECK HERE IF MAKING CH	HANGES
	4. FEI Number 65-0169625	Applied For Not Applicable
/		.75 Additional Required
	7. Name and Address of New Registered Age	nt
Name Street Address (P.O. Box Number is Not Acceptable)	
DUDOL MUUIDOO (rio, box rio nosi is riot riocoptable;	

DATE

	City	FL Zip Code
 The above named entity submits this statement for the purpose of changing its register the obligations of registered agent. 	red office or registered agent, or both, in the State of Florida.	I am familiar with, and accept

(NOTE: Registered Agent signature required when reinstating)

Country

	_
FILE NOW!!! FEE IS \$150.00	
· · · · · · · · · · · · · · · · · · ·	
After May 1, 2003 Fee will be \$550.00	
Make Check Payable to Florida Department of State	•

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title it applicable.

Principal Place of Business

20437 STATE ROAD 7

BOCA RATON FL 33498

Suite, Apt. #, etc.

City & State

REED, ELLEN

10421 BUENA VENTURA DRIVE **BOCA RATON FL 32498**

Zip

2. Principal Place of Business

#C6

US

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE Delete TITLE Change REED, ELLEN B. NAME NAME 10421 BUENA VENTURA DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP **BOCA RATON FL** CITY-ST-ZIP ☐ Change TITLE VPD Delete TITLE Addition DERISH, CLAIRE NAME NAME 13194 A LUCINDA PALM CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33498** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOF

EQUIREELLEN B. REED 4/30/03