

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90008 008 ***150.00

DOCUMENT # L83144

1. Entity Name

FLORIDA SCHOOLHOUSE GIFT SHOPS, INC.



Principal Place of Business

3981 NW 119TH AVENUE
SUNRISE FL 33323

Mailing Address

3981 NW 119TH AVENUE
SUNRISE FL 33323

54019293



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

RICHARD GREENE,

Suite, Apt. #, etc.

2455 E. SUNRISE BLVD #905

City & State

City & State

FT. LAUDERDALE, FLORIDA

Zip

Country

Zip

33304

Country

BROWARD

4. FEI Number

65-0203690

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREENE, RICHARD P., ESQ.
2455 EAST SUNRISE BLVD.
SUITE 905
FT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name

RICHARD P. GREENE

Street Address (P.O. Box Number is Not Acceptable)

Richard P. Greene Business & Legal Support, Inc.

2455 E. Sunrise Blvd., #905

City

Ft. Lauderdale

FL

Zip Code
33304

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. I am familiar with, and accept the obligations of registered agent.

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

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **UFFY, TERRENCE M.**
STREET ADDRESS **3981 NW 119 AVE**
CITY-ST-ZIP **SUNRISE FL**

TITLE **D** ☐ Delete
NAME **UFFY, LUCY**
STREET ADDRESS **3981 NW 119 AVE**
CITY-ST-ZIP **SUNRISE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **TERRENCE M. DUFFY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-2004 **954 742 7081**

Date

Daytime Phone #