

2000 UNIFORM BUSINESS REPORT (UBR)

2012362 AF

DOCUMENT # L99000000693

1. Entity Name
BB ELEGANT GIFTS & GIFT BASKETS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 17 AM 10:45

Principal Place of Business
302 OLDE POST ROAD
NICEVILLE FL 32578

Mailing Address
302 OLDE POST ROAD
NICEVILLE FL 32578-3904



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

mf 2/28/00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM BOUTIETTE, DEBRA J ☐ Delete
STREET ADDRESS 302 OLDE POST ROAD
CITY-ST-ZIP NICEVILLE FL 32578

TITLE NAME MGRM Walker, Melody ☐ Change ☒ Addition
STREET ADDRESS 317 Country Club Dr. Shalimar FL
CITY-ST-ZIP

TITLE NAME MGRM BOE, KATHRYN ☒ Delete
STREET ADDRESS 145 COUNTRY CLUB DRIVE WEST
CITY-ST-ZIP DESTIN FL 32541

TITLE NAME MGRM Jackson, Nelda ☐ Change ☒ Addition
STREET ADDRESS 369 Olde Post Rd. Niceville Fl
CITY-ST-ZIP 32578

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGRM Nancy Davidson ☐ Change ☒ Addition
STREET ADDRESS 315 17th St. Niceville FL 32578
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGRM Christina Boutiette ☐ Change ☒ Addition
STREET ADDRESS 302 Olde Post Road - Niceville FL
CITY-ST-ZIP 32578

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 600003155986-1
CITY-ST-ZIP -03/03/00--01018--021
*****5.00 *****5.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Debra J Boutiette*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2-11-00 880 877-5896
Date Daytime Phone #

CR2E083 (9/99)