

2001 UNIFORM BUSINESS REPORT (UBR)

0004304

DOCUMENT # L99000000693

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 26 PM 12:44

Principal Place of Business
302 OLDE POST ROAD
NICEVILLE FL 32578

Mailing Address
302 OLDE POST ROAD
NICEVILLE FL 32578



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4677 E. Highway 20
Suite, Apt. #, etc.
#3

3. Mailing Address

4677 E. Highway 20
Suite, Apt. #, etc.
#3

City & State

Niceville FL

City & State

FL

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

32578

Country

USA

Zip

32578

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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

500003961715--9
-04/05/01--01096--023
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WALKER, MELODY
317 COUNTRY CLUB DR.
SHALIMAR FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JACKSON, NELDA
369 OLDE POST RD.
NICEVILLE FL 32578 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DAVIDSON, NANCY
315 17TH ST.
NICEVILLE FL 32578 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10.

ADDITIONS/CHANGES

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

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

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☐ Change ☐ Addition

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

03-21-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)