

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006699

1. Entity Name
GIFTBASKETSRFUN, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 16 PM 12:19

Principal Place of Business
343 FIELDSTREAM BLVD
ORLANDO FL 32825

Mailing Address
343 FIELDSTREAM BLVD
ORLANDO FL 32825-7202



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3608711

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INC.
1 EAST BROWARD BLVD., STE 700
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

Mike Thompson

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

343 Fieldstream Blvd

City

Orlando

FL

Zip Code

32825

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

2/1/00

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM
NAME Mike Thompson
STREET ADDRESS 343 Fieldstream Blvd
CITY-ST-ZIP Orlando, FL 32825

☐ Delete

TITLE MGRM
NAME Martha Thompson
STREET ADDRESS 343 Fieldstream Blvd
CITY-ST-ZIP Orlando, FL 32825

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

mf 2/24/00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400003149704--9
-02/28/00--01038--017
*****55.00 *****55.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

Mike Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

2/1/00

Daytime Phone #

407.201.5528

CR2E083 (9/99)