2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90126 010 ***150.00

DOCUMENT # M55957

1. Entity Name
GIFFARD PUBLICATIONS, INC.

Principal Place of Business	Mailing Address
413 OAK HAVEN DRIVE ALTAMONTE SPRINGS FL 32701 US	413 OAK HAVEN DRIVE ALTAMONTE SPRINGS FL 32701 US

957791

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
6600 Peacock Rd		PO Box 22135	
Suite, Apt. #, etc. 203		Suite, Apt. #, etc.	
City & State: SARASOTA Fl		City & State: SARASOTA Fl	
Zip: 34242	Country: USA	Zip: 34276	Country: ~~SARA~~ USA

4. FEI Number 59-2826402 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GIFFARD, JUDY
413 OAK HAVEN DRIVE
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIFFARD, JUDY 413 OAK HAVEN DRIVE ALTAMONTE SPRINGS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Judy Giffard Judy G Giffard — 4-18-01 — 941 346-2585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #