

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # M78146**

1. Entity Name

**GIFT SPECIALISTS, INC.****FILED****Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90071 038 \*\*\*150.00

0610072

Principal Place of Business

Mailing Address

**FOUR HARGROVE GRADE  
SUITE A  
PALM COAST FL 32137  
US****P.O. BOX 1866  
PALM COAST FL 32135  
US****UUU42513**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-2885879**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EMLING, RICHARD F.  
8 CLASSIC CT.  
PALM COAST FL 32137**

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

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	D	EMLING, RICHARD F.	8 CLASSIC CT. PALM COAST FL 32137	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	EMLING, ELLY M.	8 CLASSIC CT. PALM COAST FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	DVST Emling, ELLY M. 8 CLASSIC CT PALM COAST, Fla. 32137		
<input type="checkbox"/> Delete	DP	EMLING, SHAWN M.	2257 WALKERS GLEN LANE JACKSONVILLE FL 32246	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	DV	EMLING, SCOTT W.	505 PROSPERITY LAKE AVE SAINT AUGUSTINE FL 32092	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input checked="" type="checkbox"/> Delete	DVST	EMLING, AMY	1660 W. FIELD CT. LAWRENCEVILLE GA	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-01  
Date904-445-3763  
Daytime Phone #

CR2E034 (10/00)