

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90078 034 ***150.00

DOCUMENT # 1. Entity Name GIFT SPECIALISTS, INC.	M78146
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Principal Place of Business FOUR HARGROVE GRADE SUITE A PALM COAST FL 32137 US	Mailing Address P.O. BOX 1866 PALM COAST FL 32135 US
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2. Principal Place of Business 8 CLASSIC CT. SO.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Palm Coast, FLA	City & State
Zip 32135	Country USA

4. FEI Number 59-2885879	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent EMLING, RICHARD F. 8 CLASSIC CT. PALM COAST FL 32137	
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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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMLING, RICHARD F. 8 CLASSIC CT. PALM COAST FL 32137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C EMLING, RICHARD F. 8 CLASSIC CT. PALM COAST, Fla. 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST EMLING, ELLY M. 8 CLASSIC CT. PALM COAST FL 32137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EMLING, SHAWN M. 2257 WALKERS GLEN LANE JACKSONVILLE FL 32246	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV EMLING, SCOTT W. 505 PROSPERITY LAKE AVE SAINT AUGUSTINE FL 32092	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *Richard F. Emling, Chairman* **4-9-02** **386-445-3763**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)