

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90026 039 ***150.00

DOCUMENT # P00000003706

1. Entity Name
SEACOAST GIFTBASKETS, INC.

Principal Place of Business **Mailing Address**
1233 S. U.S. HWY 1 **PO BOX 2764**
VERO BEACH FL 32962 **VERO BEACH FL 32961**

2. Principal Place of Business **3. Mailing Address**
1233 S. U.S. Hwy 1 **P O Box 6173**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State** **4. FEI Number** **Applied For**
VERO BEACH, FL 32962 **VERO BEACH, FL.** **65-0974742** **Not Applicable**
Zip **Country** **Zip** **Country**
32962 **USA** **32961** **USA**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**
O'NEILL, EUGENE J. **Name**
979 BEACHLAND BLVD. **Street Address (P.O. Box Number is Not Acceptable)**
VERO BEACH FL 32963 **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. **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing**
(See criteria on back) **After May 1, 2002 Fee will be \$550.00** **Trust Fund Contribution.**
☐ **Make Check Payable to Department of State** **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	F	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDEVITT, MARY		NAME	MCDEVITT, MARY	
STREET ADDRESS	P O BOX 2764		STREET ADDRESS	1715 45th Ave	
CITY-ST-ZIP	VERO BEACH FL 32961		CITY-ST-ZIP	VERO BEACH, FL. 32966	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **MARY MCDEVITT** **4-29-02** **772-770-0250**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/01)