FILED
Jul 01, 2002 8:00 am
Secretary of State
05-21-2002 91189 003 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000025856

1. Entity Name
FLORIDAGIFTFRUIT.COM INC.

DO NOT WRITE IN THIS SPACE

37155

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2. Principal Place of Business	3. Mailing Address
3570 CHENEY HWY	6054 SISSON ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TITUSVILLE, FL	City & State: TITUSVILLE, FL
Zip: 32780 Country: BREVARD	Zip: 32780 Country: BREVARD

4. FEI Number: 59-3718757 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: Spiegel & Utrera PA
Street Address (P.O. Box Number is Not Acceptable): 1785 SW 3?3? Almeria Ave
Coral Gables, Fl. 33134
City: Titusville FL Zip Code: 32780

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PSTD	TITLE	PSTD
NAME	GAINER, BARRY W.	NAME	GAINER, BARRY W.
STREET ADDRESS	3570 CHENEY HWAY	STREET ADDRESS	6054 SISSON ROAD
CITY-ST-ZIP	TITUSVILLE, FL 32780	CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 04/01/02 321-268-1179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #