

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90005 047 ***550.00

DOCUMENT # P00000028364

1. Entity Name

ARGYLE CARD AND GIFT SHOP, INC.

LN

Principal Place of Business

**6001-58 ARGYLE FOREST BLVD.
 JACKSONVILLE FL 32244**

Mailing Address

**6001-58 ARGYLE FOREST BLVD.
 JACKSONVILLE FL 32244**

2. Principal Place of Business

3. Mailing Address*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3640833

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BRANT, MOORE, MACDONALD & WELLS, P.A.
 50 N. LAURA STREET
 SUITE 3100
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name

ARDATH M. CLARK

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

6001-58 ARGYLE FOREST BOULEVARD

City

JACKSONVILLE

FL

Zip Code

32244-6127

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

Ardat M. Clark, President; **ARDATH M. CLARK**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/21/2001

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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

TITLE **D** ☐ Delete
 NAME **CLARK, ARDATH M**
 STREET ADDRESS **42666 ELIZABETH PLACE**
 CITY-ST-ZIP **CLINTON TOWNSHIP MI 48038-1725**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3836 SWEETBRIAR DRIVE**
 CITY-ST-ZIP **ORANGE PARK, FL 32073-7604**

TITLE **3Y** ☐ Change ☒ Addition
 NAME **CLARK, CURTIS J.**
 STREET ADDRESS **698 CHARLES PINCKNEY STREET**
 CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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:

Ardat M. Clark; **ARDATH M. CLARK**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/2001
 Date

904/777-4544
 Daytime Phone #

0108986 AT

CR2E034 (5/01)