

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000029466**1. Entity Name  
E-Z GIFT MALL.COM, INC.**Principal Place of Business**

701 E. CHURCH STREET

ORLANDO  
32801

FL

**Mailing Address**

701 E. CHURCH STREET

ORLANDO  
32801

FL

**2. Principal Place of Business**  
916 EAST LIME STREET**3. Mailing Address**  
916 EAST LIME STREETSuite, Apt. #, etc.  
CSuite, Apt. #, etc.  
C

DO NOT WRITE IN THIS SPACE

City & State  
LAKELAND

FL

City & State  
LAKELAND

FL

4. FEI Number  
**59-3633349**

Applied For

Not Applicable

Zip  
33801

Country

Zip  
33801

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**ROBERTS CHRIS  
701 E. CHURCH STREETORLANDO  
32801

FL

**7. Name and Address of New Registered Agent**

Name

ROBERTS CHRIS

Street Address (P.O. Box Number is Not Acceptable)  
916 EAST LIME STREET

C

City  
LAKELAND

FL

Zip Code  
33801

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 \_\_\_\_\_ **04/30/2001**

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**TITLE D ☐ Delete  
NAME ROBERTS CHRIS  
STREET ADDRESS 701 E. CHURCH STREET  
CITY-ST-ZIP ORLANDO FL 32801TITLE PVT ☐ Delete  
NAME ROBERTS CHRIS  
STREET ADDRESS 701 E. CHURCH STREET  
CITY-ST-ZIP ORLANDO FL 32801TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE D ☒ Change ☐ Addition  
NAME ROBERTS CHRIS  
STREET ADDRESS 916 EAST LIME STREET, C  
CITY-ST-ZIP LAKELAND FL 33801TITLE PVT ☒ Change ☐ Addition  
NAME ROBERTS CHRIS  
STREET ADDRESS 916 EAST LIME STREET, C  
CITY-ST-ZIP LAKELAND FL 33801TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:** Chris Roberts

PVT

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)