FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

<u> </u>		<u> </u>	1	1000
DOCUMENT # P00000 40,580 1. Entity Name				
K.C. 'S unique gifts, enc.			02 DEC -2 AMII: 44	
DO NOT WRITE IN THIS SPACE			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business 4080 WILDER BIVD Suite, Apt. #, etc.	3. Mailing Address 4080 WILDER BIVD Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
Fernandina Bch, FL	1 _=-e	Vernanding Bch Az		Applied For Not Applicable \$8.75 Additional
3)034 W.S.A.	32034	W.S.A.	Certificate of Status Desired Name and Address of Current	Fee Required Registered Agent
		Name C H c	NG WHITE	
Street Address ((P.O. Box Number is Not Acceptable)	
IN THIS SPACE			Wilder BIVD	
			andina Beac	FL Zip Code
8. The above named entity submits this statement	for the purpose of changing its req	gistered office or registe	ered agent, or both, in the State of Flo	nda.
SIGNATURE Signature, typed or profile 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 \$150.0 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of		Fee is \$550.00 JBR is \$61.25	10. Election Campaign Fin Trust Fund Contribution	· · · ·
11. OFFICERS AN	D DIRECTORS			
TITLE President	· ·	TITLE NAME		annast (Š
STREET ADDRESS 120 100 CM 2 WILL		STREET ADDRESS	12/02/020106	300357 5005 **150.00 \$
1400 05051 10 15	1 32034	CITY-ST-ZIP		
NAME Kell Balester 3416 WILCREST D. POT		NAME		6
STREET ADDRESS JACKSON VINC. A JULY		STREET ADDRESS CITY-ST-ZIP		
TITLE		TITLE		
NAME	į	NAME Street address		
SHEET NOWESS		CIFY-ST-ZIP	DO NOT	WRITE
· · · · · · · · · · · · · · · · · · ·		-IIILE*	IN THIS	SPACE
NAME STREET ADDRESS		NAME , STREET ADDRESS	\ ^	
CITY-ST-ZIP		CITY-ST-ZIP		$\frac{1}{\sqrt{1}}$
TITLE NAME		TITLE NAME	/ \	1 N I N
STREET ADDRESS	•	STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
NAME		NAME		
STREET ADDRESS CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.				
SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date				
ı r x				

w/2

K.C.'S UNIQUE GIFTS, INC.

4080 wilder blvd Fernandina beach, Fl. 32034 Phone(904) 261-8876 Fax(904) 491-1931



November 1, 2002

To Whom it may concern:

I am sending this letter with Uniform Business Report and check for \$150.00, because we did not receive the original request for annual report/uniform business report. Our company did not realize we had to file a UBR. Please give us a call if there is any questions.

Sincerely

CHONG WHITE

. •

- **-**

- .