

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90285 026 ***158.75

DOCUMENT # P00000046018

1. Entity Name

EXQUISITE BASKETS & GIFTS, INC.

Principal Place of Business

**10879 HEREFORD CHASE
TALLAHASSEE FL 32310**

Mailing Address

**10879 HEREFORD CHASE
TALLAHASSEE FL 32310**

2. Principal Place of Business

516 W. Orange Ave

3. Mailing Address

2598 POTTSDAMER ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32310

Country

US

Zip

32310

Country

US

4. FEI Number

59-3044933

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PYE, GLORIA D

**10879 HEREFORD CHASE
TALLAHASSEE FL 32310**

7. Name and Address of New Registered Agent

Name

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

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.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 **VP** ☐ Delete
NAME **JENKINS, BEVERLY**
STREET ADDRESS **2598 POTTSDAMER ST**
CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE **P** ☐ Delete
NAME **PYE, GLORIA D**
STREET ADDRESS **10879 HEREFORD CHASE**
CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE ~~Beverly S. Jenkins~~ ☐ Delete
NAME ~~Beverly S. Jenkins~~
STREET ADDRESS ~~Tallahassee, FL 32304~~
CITY-ST-ZIP ~~Tallahassee, FL 32304~~

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 ☐ Change ☒ Addition
NAME ~~Beverly S. Jenkins~~
STREET ADDRESS ~~1504 Preston St~~
CITY-ST-ZIP ~~Tallahassee, FL 32304~~

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

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

TITLE ☐ Change ☐ Addition
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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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-02

Date

850-599-1058

Daytime Phone #

CR2E034 (9/01)