

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90216 046 ***150.00

DOCUMENT # P00000047379

1. Entity Name

THAT PERFECT GIFT OF JACKSONVILLE, INC.

Principal Place of Business

**3756 EAGLE RIDGE DRIVE
 JACKSONVILLE FL 32224**

Mailing Address

**3756 EAGLE RIDGE DRIVE
 JACKSONVILLE FL 32224**

2. Principal Place of Business

4765-20 Hodges Blvd.

3. Mailing Address

4765-2 Hodges Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

59-3645286

Applied For

Not Applicable

Zip

32224

Country

USA

Zip

32224

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**PATTERSON, LAWRENCE R ESQ.
 3010 SOUTH THIRD STREET
 JACKSONVILLE BEACH FL 32250**

7. Name and Address of New Registered Agent

Name **Blake F. Deal**

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

Bartlett + Deal, PA

City

Ponte Vedra Beach

FL

Zip Code

32082

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 **Katherine H. Yonge**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Katherine H. Yonge

4-2-2

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 **DP** ☐ Delete
 NAME **YONGE, KATHERINE K**
 STREET ADDRESS **3756 EAGLE RIDGE DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **owner** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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 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:

Katherine K. Yonge
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Katherine K. Yonge **4-2-2** **992-6666**

CR2E034 (9/01)