

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 05, 2001 8:00 am
Secretary of State

05-14-2001 90037 033 ***150.00

DOCUMENT # P00000063923

1. Entity Name

LILY'S GIFT STORE, INC.

Principal Place of Business

417 12TH ST. WEST. STE. 103
 BRADENTON FL 34205

Mailing Address

417 12TH ST. WEST. STE. 103
 BRADENTON FL 34205

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

651041747

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GILMORE, RICARDO L ESQ.
 ONE BARNETT PLAZA
 101 EAST KENNEDY BLVD., STE. 3200
 TAMPA FL 33601

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, 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	PD	<input type="checkbox"/> Delete
NAME	WINTONS, FELICIA	
STREET ADDRESS	6924 TROUT ST.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WINTONS, MELVIN P SR.	
STREET ADDRESS	6924 TROUT ST.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WINTONS, LILLIE M	
STREET ADDRESS	RT. 6 BOX 525-2	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JAMES, DONNA W	
STREET ADDRESS	6924 TROUT ST.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINTONS, MELVIN P JR.	
STREET ADDRESS	6924 TROUT ST.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLY, MARILYN W	
STREET ADDRESS	RT. 4 BOX 578	
CITY-ST-ZIP	LAKE CITY FL 32024	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

M Wintons
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 1851988-6363
 Date Daytime Phone #

CR2E034 (10/00)