

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-01-2001 90052 015 ***150.00

DOCUMENT # P00000087896

1. Entity Name
INN-GIFTS, INC.

Principal Place of Business Mailing Address
2515 OAK STREET **2515 OAK STREET**
JACKSONVILLE FL 32204 **JACKSONVILLE FL 32204**

0 0 0 1 0



DO NOT WRITE IN THIS SPACE

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 Applied For
59-3656500 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

WINKLER, JOHN S
2515 OAK STREET
JACKSONVILLE FL 32204

Name **Jeni N. Obi**
 Street Address (P.O. Box Number is Not Acceptable)
6969 La Mesa Drive W.
 City **Jacksonville** FL Zip Code **32217**

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 *Jeni N. Obi* DATE 3/20/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Reg. stored Agent signature preferred 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Obi, Jeni N <i>Drive</i> 6969 LAMESA DRIVE W JACKSONVILLE FL 32217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6969 La Mesa Drive W
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (10/00)

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: *Jeni N. Obi* DATE 2/23/01 OFFICE PHONE # (404) 739-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #