

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90047 005 ***150.00

DOCUMENT # P00000090621

1. Entity Name

FLORIDAYS FURNISHINGS & GIFTS, INC.

Principal Place of Business

**3226 SE GRAN PARK WAY
 STUART FL 34997**

Mailing Address

**3226 SE GRAN PARK WAY
 STUART FL 34997**

2. Principal Place of Business

609 COLORADO AVE

Suite, Apt. #, etc.

3. Mailing Address

609 COLORADO AVE

Suite, Apt. #, etc.

City & State

STUART FL

City & State

STUART FL

4. FEI Number

6051047043

Applied For

Not Applicable

Zip

Country

34994 US

Zip

Country

34994 US

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

PATRICK, MEGAN

**3226 SE GRAN PARK WAY
 STUART FL 34997**

Name

MEGAN PATRICK

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

609 COLORADO AVE

City

STUART

FL

Zip Code

34994

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

MEGAN PATRICK

4/13/01

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 ☐ Delete
 NAME **PRESIDENT**
 STREET ADDRESS **MEGAN PATRICK**
 CITY-ST-ZIP **609 COLORADO AVE**
STUART FL 34994

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

TITLE ☐ Delete
 NAME
 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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MEGAN PATRICK

4/13/01

Date

Daytime Phone #

561-287-0777

CR2E034 (10/00)