

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91786 048 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P0000096927**

1. Entity Name  
**D & P CARD AND GIFT, INC.**



**11041653**

Principal Place of Business  
**6210 NIMES COURT  
LUTZ, FL 33558**

Mailing Address  
**6210 NIMES COURT  
LUTZ, FL 33558**

2. Principal Place of Business  
**2774 E. Fowler Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**Tampa FL**

City & State

4. FEI Number  
**52-2272483**

Applied For  
Not Applicable

Zip  
**33612**

Country

Zip

Country

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

**SADWICK, PAUL V  
6210 NIMES CT.  
LUTZ, FL 33558**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when changing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **SADWICK, PAUL V PRES**  
STREET ADDRESS **6210 NIMES COURT**  
CITY-ST-ZIP **LUTZ, FL 33549**

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

TITLE **VP** ☐ Delete  
NAME **SADWICK, DEBRA A VP**  
STREET ADDRESS **6210 NIMES COURT**  
CITY-ST-ZIP **LUTZ, FL 33549**

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

TITLE **TR** ☒ Delete  
NAME **JOHNSTON, LIZABETH A TREAS**  
STREET ADDRESS **6610 TPC BLVD**  
CITY-ST-ZIP **LUTZ, FL 33549**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

**Paul V. Sadwick**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/03 813 854-3708**  
Date Daytime Phone #

CH2E034 (10/02)