

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2002 8:00 am**  
**Secretary of State**

03-15-2002 90012 029 \*\*\*150.00

0105320 AV

**DOCUMENT # P00000118027**

1. Entity Name  
**ASD GIFTS, INC.**

Principal Place of Business  
**7670 INTERNATIONAL DRIVE**  
**ORLANDO FL 32819**

Mailing Address  
**7670 INTERNATIONAL DRIVE**  
**ORLANDO FL 32819**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. **Suite 118**

Suite, Apt. #, etc. **Suite 118**

City & State

City & State

4. FEI Number **59-3685994**

Applied For  
 Not Applicable

Zip

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

**ROFE, DAVID**  
**7670 INTERNATIONAL DRIVE**  
**ORLANDO FL 32819**

Name **SCOTT D. ALLEN**  
 Street Address (P.O. Box Number is Not Acceptable) **7670 International Drive**  
 Suite **118**  
 City **Orlando** FL Zip Code **32819**

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]*

**2-31-02**

Signature typed or printed name of registered agent (not 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALLEN, SCOTT</b>	
STREET ADDRESS	<b>7670 INTERNATIONAL DRIVE, STE 118</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROFE, AVI</b>	
STREET ADDRESS	<b>7670 INTERNATIONAL DRIVE, STE 118</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROFE, DAVID</b>	
STREET ADDRESS	<b>7670 INTERNATIONAL DRIVE, STE 118</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/5/02**

Date

**407-765-1400**

Daytime Phone #

CF2E034 (9/01)