

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000053952

FILED
Jan 11, 2002 8:00 AM
Secretary of State

Entity Name: GIFT CERTIFICATES TO GO, INC.

Current Principal Place of Business:

1900 BOOTH CIRCLE, #100
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

1900 BOOTH CIRCLE, #100
LONGWOOD, FL 32750

New Mailing Address:

P.O. BOX 952078
LAKE MARY, FL 32795 US

FEI Number: 59-3729153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TYREE, SHERI A
1900 BOOTH CIRCLE, #100
LONGWOOD, FL 32750

Name and Address of New Registered Agent:

TYREE, SHERI A
1900 BOOTH CIRCLE, #100
LONGWOOD, FL 32750 US

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:

01/11/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCMILLEN, JAMES M
Address: 954 LONGWOOD CLUB PLACE
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: TYREE, SHERI A
Address: 249 SHEPPARD STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VST (X) Change () Addition
Name: MCMILLEN, JAMES M
Address: 954 LONGWOOD CLUB PLACE
City-St-Zip: LONGWOOD, FL 32750

Title: P (X) Change () Addition
Name: TYREE, SHERI A
Address: 249 SHEPPARD STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERI TYREE

P

01/11/2002

Electronic Signature of Signing Officer or Director

Date