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FILED
Jun 27, 2002 8:00 am
Secretary of State

05-28-2002 91755 024 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P010000 58385**

1. Entity Name

FOUR POINTS GIFTS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3835 McCoy Road

Suite, Apt. #, etc.

3. Mailing Address

7345 SAND LAKE RD

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

ORLANDO FLORIDA

Zip

32812

Country

USA

Zip

32819

Country

USA

4. FEI Number

59-3722699

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

95287

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

WAPA KATBEH

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

2310 BAESEL DRIVE

City

ORLANDO

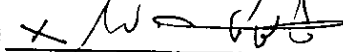
FL

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, typed or printed name of registered agent and date if 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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DIP
WAPA KATBEH
2310 BAESEL DRIVE
ORLANDO, FL 32819**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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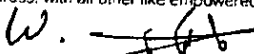
TITLE
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CITY - ST - ZIP

TITLE
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STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:



WAPA KATBEH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/1/02 407-438-1990

Daytime Phone #

CR2E034B (12/01)