

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000071942

1. Entity Name

KAY'S CARDS &amp; GIFTS #2, INC.

FILED  
Apr 02, 2002 8:00 am  
Secretary of State

04-02-2002 90980 043 \*\*\*150.00

0481354 AV

Principal Place of Business

15880 SUMMERLIN ROAD  
SUMMERLIN CROSSING, UNIT A-4 THRU 6  
FORT MYERS FL 33908

Mailing Address

~~C/O ROBERT D. ROYSTON, JR.~~  
~~PO DRAWER 60205~~  
~~FORT MYERS FL 33908~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

15880 Summerlin Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Summerlin Crossing, Unit 104

City &amp; State

City &amp; State

Fort Myers, FL

Zip

Country

Zip

Country

33908

USA

4. FEI Number

65-1125108

Applied For

Not Applicable

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

~~ROYSTON, ROBERT D JR~~  
~~12670 NEW BRITANNY BLVD SUITE 101~~  
~~FORT MYERS FL 33907~~

Name

Ames, Jerome J.

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

4901 SW 27th Ave.

Cape Coral

City

FL

Zip Code

33914

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

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	AMES, JEROME J JR	4901 SW 27TH AVE	CAPE CORAL FL 33914	P			
D	AMES, TRACI L	4901 SW 27TH AVE	CAPE CORAL FL 33914	VP, S, T			

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

Date

Daytime Phone #

3/15/02

941-415-2441

CR2E034 (9/01)