

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

FILED
Sep 22, 2002 8:00 am
Secretary of State

09-22-2002 90068 006 ***150.00

DOCUMENT # *PO1000090879*

1. Entity Name

Gifts of Recovery, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

537 A. E. VENICE AVE

725 CORAL WAY

City & State

City & State

VENICE, FL

ENGLEWOOD, FL

Zip

Country

Zip

Country

34292

SARASOTA

34223

SARASOTA

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

65-1143135

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

MARY LUDGO

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

725 CORAL WAY

City

ENGLEWOOD

FL

Zip Code

34223

**DO NOT WRITE
IN THIS SPACE**

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)

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

P/5/T
MARY LUDGO
725 CORAL WAY
ENGLEWOOD, FL 34223

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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: *Marylou Ludgo* *MARY LUDGO, PRES*

9-18-02

(941) 485-2175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Attachment
R# P01000090879

873095

ENCLOSED OUR CHECK IN THE AMOUNT OF \$150.00.

WE RESPECTIVELY REQUEST THE PENALTY OF \$400.00 BE WAIVED, SINCE
WE DID NOT RECEIVE A 2002 UNIFORM BUSINESS REPORT WITH A FILING
DEADLINE OF MAY 1.

SINCERELY

Marylou Ugo

PRESIDENT

GIFTS OF RECOVERY, Inc.