

**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.

*537 A. E. VENICE AVE*

City & State

*VENICE, FL*

Suite, Apt. #, etc.

*725 CORAL WAY*

City & State

*ENGLEWOOD, FL*

DO NOT WRITE IN THIS SPACE

Zip

*34292*

Country

*SARASOTA*

Zip

*34223*

Country

*SARASOTA*

4. FEI Number

*65-1143135*

Applied For

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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: *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.