

2002 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
Apr 23, 2002 8:00 am
Secretary of State

03-25-2002 90156 015 ***150.00

DOCUMENT # P01000101355

1. Entity Name
SOUTH ATLANTIC GIFTS, INC.

Principal Place of Business
**2216 SOUTH ATLANTIC AVENUE
DAYTONA BEACH SHORES FL 32118**

Mailing Address
**2216 SOUTH ATLANTIC AVENUE
DAYTONA BEACH SHORES FL 32118**

2. Principal Place of Business

3. Mailing Address

88 S. HALIFAX DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ORMOND BEACH FL

4. FEI Number

59-3756602

Applied For

Not Applicable

Zip

Country

Zip

Country

32176-6539

FLORIDA

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

**HANNA, ELENA
88 SOUTH HALIFAX DR
ORMOND BEACH FL 32176**

Name

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

City

FL

Zip Code

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)

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 State

10. 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 **PRESIDENT** ☐ Delete
NAME **MICHEL HANNA**
STREET ADDRESS **88 S. HALIFAX DRIVE**
CITY-ST-ZIP **ORMOND BEACH, FL 32174-6539**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SITEN** ☐ Delete
NAME **ELENA HANNA**
STREET ADDRESS **88 S. HALIFAX DRIVE**
CITY-ST-ZIP **ORMOND BEACH, FL 32174-6539**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 807, 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:

Elena Hanna
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elena Hanna 3/12/02
Date

Daytime Phone #

CR2E034 (9/01)