

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90134 022 ***150.00



DOCUMENT # **P02000029876**
1. Entity Name
ONCE REMEMBERED GIFTS INC.

Principal Place of Business
**16875 NW MAPLE STREET
BLOUNTSTOWN FL 32424**

Mailing Address
**19974 SW MAGNOLIA AVE.
BLOUNTSTOWN FL 32424**



2. Principal Place of Business
2003a Central Ave W
Suite, Apt. #, etc.

3. Mailing Address
2003a Central Ave W
Suite, Apt. #, etc.

City & State
Blountstown, FL

City & State
Blountstown, FL

Zip
32424 Country
Calhoun

Zip
32424 Country
Calhoun

CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**SMITH, LEA B.
19974 SW MAGNOLIA AVE.
BLOUNTSTOWN FL 32424**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lea B. Smith* (NOTE: Registered Agent signature required when reinstating) DATE **2-11-03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SMITH, LEA B 19974 SW MAGNOLIA AVE. BLOUNTSTOWN FL 32424 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUGGAR, LINDA 20018 SW MAGNOLIA AVE. BLOUNTSTOWN FL 32424 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President William Alto Smith 20032 Central Ave West Blountstown FL 32424 <input type="checkbox"/> Change. <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lea B. Smith* **SIGNATURE REQUIRED** DATE **2-11-03** Daytime Phone #

CR2E034 (10/02)