

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91147 038 \*\*\*150.00

<b>DOCUMENT #</b> P02000068171 1. Entity Name <b>GIFT MARKETING ALLIANCE, INC.</b>			
Principal Place of Business 374 CARMEL DRIVE MELBOURNE FL 32940		Mailing Address 374 CARMEL DRIVE MELBOURNE FL 32940	
2. Principal Place of Business 599 SHERWOOD AVE Suite, Apt. #, etc. SUITE 107		3. Mailing Address 599 SHERWOOD AVE Suite, Apt. #, etc. SUITE 107	
City & State SATELLITE BEACH FL		City & State SATELLITE BEACH FL	
Zip 32937		Zip 32937	
Country USA		Country USA	
4. FEI Number 03-0465984		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  POLACKWICH, ALAN S SR. 3333 20TH STREET VERO BEACH FL 32960		7. Name and Address of New Registered Agent Name: <u>DAVID R. PATTERSON</u> Street Address (P.O. Box Number is Not Acceptable): <u>374 N HARBOR CITY BLVD</u> City: <u>MELBOURNE</u> FL Zip Code: <u>32935</u>	
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: <u>David R. Patterson</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/2/03</u>			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLTZCLAW, EMMITT JR 374 CARMEL DRIVE MELBOURNE FL 32940	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOLTZCLAW, EMMA 374 CARMEL DRIVE MELBOURNE FL 32940	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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 19.07(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: <u>Emmitt Holtzclaw</u>		Date: <u>04/02/03</u> Daytime Phone #: <u>321-773-9772</u>	

CR2E034 (10/02)