

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90190 005 ***150.00

DOCUMENT # P02000074291

1. Entity Name
CREATIVE TOUCH GIFT BASKETS, INC.



Principal Place of Business
**813 HIGHPOINT DRIVE
PORT ORANGE FL 32127**

Mailing Address
**813 HIGHPOINT DRIVE
PORT ORANGE FL 32127**

40089101



2. Principal Place of Business

3. Mailing Address

1648 TAYLOR ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

242

City & State

City & State
Port Orange, Florida

4. FEI Number

14-1837260

Applied For

Not Applicable

Zip

Country

Zip

Country

32128

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 ☐ Delete
NAME **D GRANT, ANNA LISA**
STREET ADDRESS **1648 TAYLOR ROAD #242**
CITY-ST-ZIP **PORT ORANGE FL 32128**

TITLE ☐ Delete
NAME **D LEWIS, STEVEN EUGENE**
STREET ADDRESS **1648 TAYLOR ROAD #242**
CITY-ST-ZIP **PORT ORANGE FL 32128**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **D GRANT, ANNA LISA**
STREET ADDRESS **813 Highpoint Drive**
CITY-ST-ZIP **Port Orange, FL 32127**

TITLE ☒ Change ☐ Addition
NAME **D Lewis, Steven Eugene**
STREET ADDRESS **813 Highpoint Drive**
CITY-ST-ZIP **Port Orange, FL 32127**

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

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

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

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

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:

Anna Lisa Grant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03

Date

386-767-8231

Daytime Phone #

CR2E034 (10/02)