

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90192 013 ***150.00

0577599 AV

DOCUMENT # P02000085948

1. Entity Name

A & C GIFTS & HOME DECOR, INC.



Principal Place of Business

**1218 MUSCOVY DRIVE
SPRING HILL FL 34608**

Mailing Address

**1218 MUSCOVY DRIVE
SPRING HILL FL 34608**



2. Principal Place of Business

3. Mailing Address

9831 State Rd 52

9831 State Rd 52

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hudson FL

City & State

Hudson FL

Zip

34669

Country

USA

Zip

34669

Country

USA

4. FEI Number

02-0636830

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22 ST 4 FLOOR
MIAMI FL 33145**

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 **PSTD** ☒ Delete
NAME **CAMPAGNE, CAMILLE**
STREET ADDRESS **30118 S.R. 54**
CITY-ST-ZIP **WESLEY CHAPEL FL 33544**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PN/ST/D** ☒ Change ☒ Addition
NAME **Campagne, Camille**
STREET ADDRESS **1218 Muscovy Dr**
CITY-ST-ZIP **Spring Hill FL 34608**

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

TITLE ☐ Change ☐ Addition
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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:

Camille Campagne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/03

Date

(727) 868-1008

Daytime Phone #

CR2E034 (10/02)