

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-12-2003 90076 028 ***150.00

DOCUMENT # P02000109680

1. Entity Name
COMMUNITY GREETINGS, INC.



Principal Place of Business
**2859 NE 60 ST
FT LAUDERDALE FL 33308**

Mailing Address
**2859 NE 60 ST
FT LAUDERDALE FL 33308**

30064010



2. Principal Place of Business
3947 N. ANDREWS AVE.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
OAKLAND PK., FLA.

City & State

4. FEL Number
27-0033415

Applied For
Not Applicable

Zip
33309 Country
BROWARD

Zip Country

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

~~BUSINESS FILINGS INCORPORATED~~
~~1000 WEST AVE STE 1114~~
~~MIAMI BEACH FL 33139~~

Name
DEAN K. HACKLEY

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

2859 N.E. 60TH ST.

City
FT. LAUDERDALE FL Zip Code
33308

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 DATE
(NOTE: Registered Agent signature required when reinstating)

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 ☐ \$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
**D
HACKLEY, DEAN
2859 NE 60 ST
FT LAUDERDALE FL 33308** ☐ Delete

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

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/03 (954) 439-1958
Date Daytime Phone #

CR2E034 (10/02)