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05-05-2003 91839 002 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P02000115775</b> 1. Entity Name <b>GIFT DESIGNS AND CREATIONS, INC.</b>		
2. Principal Place of Business <b>4064 PINE RIDGE LANE                  WESTON, FL 33331</b>		Mailing Address <b>4064 PINE RIDGE LANE                  WESTON, FL 33331</b>
3. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
4. Name and Address of Current Registered Agent <b>CROW, DAVID E                  4064 PINE RIDGE LANE                  WESTON, FL 33331</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: <b>FL</b> 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: _____ <small>Signature, name or printed name of registered agent and title (if available)</small>		DATE: _____ <small>DATE, Registered Agent/attorney registered other association</small>
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE <b>President</b>	NAME <b>David E. Crow</b>	TITLE <b>Vice-President</b>
STREET ADDRESS <b>4064 Pine Ridge Lane</b>	CITY-STATE-ZIP <b>Weston FL 33331</b>	NAME <b>Michael C. Jones</b>
CITY-STATE-ZIP <b>Weston FL 33331</b>	TITLE <b>Secretary</b>	STREET ADDRESS <b>850 NW 110th Ave</b>
NAME <b>Katherine L. Crow</b>	CITY-STATE-ZIP <b>Weston FL 33331</b>	CITY-STATE-ZIP <b>Plantation FL 33324</b>
CITY-STATE-ZIP <b>Weston FL 33331</b>	TITLE _____	TITLE _____
NAME _____	STREET ADDRESS _____	NAME _____
CITY-STATE-ZIP _____	CITY-STATE-ZIP _____	STREET ADDRESS _____
CITY-STATE-ZIP _____	CITY-STATE-ZIP _____	CITY-STATE-ZIP _____
CITY-STATE-ZIP _____	CITY-STATE-ZIP _____	CITY-STATE-ZIP _____
CITY-STATE-ZIP _____	CITY-STATE-ZIP _____	CITY-STATE-ZIP _____
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(5)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature above have the same legal effect as if made under oath by an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, 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 the empowered.		
SIGNATURE: <u>David E. Crow</u> <u>David E. Crow</u>		DATE: <u>4/29/03</u> <u>954-385-7501</u>

55047102



CHECK HERE IF MAKING CHANGES

4. FEI Number **45-0490181** Applied For  Not Applicable

5. Certificate of Status Desired  \$5.75 Additional Fee Required

CREATED BY (V0302)