

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90123 008 \*\*\*150.00

**DOCUMENT # P94000086176**



**1. Entity Name**  
**MULBERRY STREET GIFT AND SPECIALTY SHOPPE, INC.**

**Principal Place of Business**  
**220 N. WASHINGTON**  
**MONTICELLO FL 32344**

**Mailing Address**  
**P.O. BOX 460**  
**MONTICELLO FL 32345**  
**US**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

**4. FEI Number 59-3281781**

Applied For

Not Applicable

Zip

Country

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**

**WILLIAMSON, NORMA J**  
**9159 MCDOUGAL COURT**  
**TALLAHASSEE FL 32312**

**Name** *Norma J. Williamson*  
**Street Address (P.O. Box Number is Not Acceptable)**  
*\* 29 Hunter Ridge Rd.*  
**City** *Monticello*  
**FL** **Zip Code** *32344*

**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** *Norma J. Williamson - owner Pres.* **DATE** *4/14/03*

**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** **D** ☐ Delete  
**NAME** **WILLIAMSON, NORMA J**  
**STREET ADDRESS** **P.O. BOX 460**  
**CITY-ST-ZIP** **MONTICELLO FL 32345**

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

**TITLE** **D** ☐ Delete  
**NAME** **OLIPHANT, SHARON**  
**STREET ADDRESS** **12897 LOIS AVENUE**  
**CITY-ST-ZIP** **SEMINOLE FL 33776-1806**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
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**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:** *Norma J. Williamson* **(Norma J. Williamson)** **4/14/03** **850-997-8900**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

CR2E034 (10/02)