2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

AND TYPED OR PRINTED NAME OF SIG

SIGNATURE:

FILED DOCUMENT # P9500001350 May 09, 2000 8:00 am Secretary of State CREATIVE GIFT CONSULTANTS, INC. 05-09-2000 90027 012 ***150.00 Principal Place of Business Mailing Address 106 LAGUNA CT. 106 LAGUNA CT. SANFORD FL 32773-5545 SANFORD FL 32773 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3289193 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COOPER, MELODIE A Street Address (P.O. Box Number is Not Acceptable) 106 LAGUNA CT. SANFORD FL 32773 Zip Code FL 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable ... (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 4 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. DPV ☐ Change ☐ Addition ☐ Delete TITLE TITLE COOPER, MELODIE A NAME NAME 106 LAGUNA CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32773 ☐ Addition ☐ Change TITLE ☐ Delete TITLE COOPER, MELODIE A NAME NAME STREET ADDRESS 106 LAGUNA CT. STREET ADDRESS SANFORD FL 32773 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAMÊ. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if