

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90286 039 ***150.00

DOCUMENT # **P95000045115**
 1. Entity Name
SPECIALTY GIFTS OF SWFL, INC.

Principal Place of Business Mailing Address
1118 SE. 21ST ST. **1118 SE. 21ST ST.**
CAPE CORAL, FL 33990 **CAPE CORAL, FL 33990**
USA **USA**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0589191** Applied For
 Not Applicable
 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
DORING, LOUIS C. III Name
1118 SE. 21ST ST. Street Address (P.O. Box Number is Not Acceptable)
CAPE CORAL, FL 33990 City **FL** Zip Code
USA

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVST	<input type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORING, LOUIS C. III		NAME	DORING, EVA I.	
STREET ADDRESS	1118 SE 21ST ST.		STREET ADDRESS	1118 SE. 21ST ST.	
CITY - ST - ZIP	CAPE CORAL, FL 33990		CITY - ST - ZIP	CAPE CORAL, FL 33990	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP	CAPE CORAL, FL 33990		CITY - ST - ZIP		
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CITY - ST - ZIP	CAPE CORAL, FL 33990		CITY - ST - ZIP		
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **LOUIS C. DORING III** **LOUIS C. DORING III** 4/29/2000 (941) 939-2909
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #