

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000065466

1. Entity Name
GIFTWARE NORTH AMERICA, INC.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90263 003 ***150.00

Principal Place of Business
206 NORTH LAKE PLEASANT ROAD
APOPKA FL 32703

Mailing Address
P.O. BOX 1002
APOPKA FL 32704
US

2. Principal Place of Business

3. Mailing Address

206 N. LAKE PLEASANT RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
APOPKA, FL

4. FEI Number **59-3397177**

Applied For
Not Applicable

Zip Country

Zip Country
32703 USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

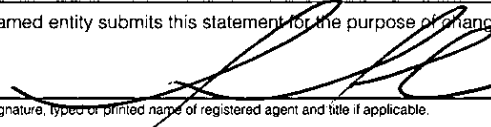
7. Name and Address of New Registered Agent

LEMUS, ANTONIO
112 MARCIA DRIVE
ALTAMONTE SPRINGS FL 32714

Name
Street Address (P.O. Box Number is Not Acceptable)
108 MARCIA DRIVE

City **FL** 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.

SIGNATURE  **ANTONIO LEMUS** **4/07/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 ☐ Delete
NAME **PTD SAVILL, GLEN P**
STREET ADDRESS **3501 HILLSTREAM AVE**
CITY-ST-ZIP **APOPKA FL 32712**

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

TITLE ☐ Delete
NAME **S LEMUS, ANTONIO**
STREET ADDRESS **112 MARCIA DRIVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **108 MARCIA DRIVE**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D IVE, RICHARD**
STREET ADDRESS **112 MARCIA DRIVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **108 MARCIA DRIVE**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:  **GLEN SAVILL** **4/12/2001** **407 886 3618**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)