

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90311 038 \*\*\*150.00

**DOCUMENT # P96000088672**

1. Entity Name  
**HOLY FAMILY BOOKS AND GIFTS INC.**

Principal Place of Business <b>2010 SOUTH THIRD STREET          JACKSONVILLE FL 32250          US</b>	Mailing Address <b>2010 SOUTH THIRD STREET          JACKSONVILLE BEACH FL 32250          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3397562</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent  <b>VIGAREAUX, J.J.          4817 BLUE HERON DRIVE          PONTE VEDRA BEACH FL 32082</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V <input type="checkbox"/> Delete <b>VIGOUREAUX, JJ</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VIGOUREAUX, JJ</b>	NAME	
STREET ADDRESS	<b>4817 BLUE HERON DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PONTE VEDRA FL 32082</b>	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete <b>GARDNER, MICHAEL</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARDNER, MICHAEL</b>	NAME	
STREET ADDRESS	<b>8110 SABAL OAK LANE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *JJ Vigoureux* 2/20/01 Date Daytime Phone # \_\_\_\_\_

CR2E034 (10/00)