

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90780 006 ***150.00

0034951 AV

DOCUMENT # P96000088672

1. Entity Name

HOLY FAMILY BOOKS AND GIFTS INC.

Principal Place of Business

**2010 SOUTH THIRD STREET
 JACKSONVILLE FL 32250
 US**

Mailing Address

**2010 SOUTH THIRD STREET
 JACKSONVILLE BEACH FL 32250
 US**



2. Principal Place of Business

2010 SOUTH THIRD STREET

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE BEACH, FL

City & State

JACKSONVILLE BEACH, FL

4. FEI Number

59-3397562

Applied For

Not Applicable

Zip

32250

Country

US

Zip

32250

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

VIGAREUX, J.J.

4817 BLUE HERON DRIVE

PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name

VIGOREUX, J. J.

Street Address (P.O. Box Number is Not Acceptable)

4817 BLUE HERON DRIVE

4317

City

PONTE VEDRA BEACH, FL

Zip Code

32082

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

[Signature]

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, 2002 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

TITLE	V	<input type="checkbox"/> Delete
NAME	VIGOREUX, JJ	
STREET ADDRESS	4817 BLUE HERON DRIVE	
CITY-ST-ZIP	PONTE VEDRA FL 32082	
TITLE	S	<input type="checkbox"/> Delete
NAME	GARDNER, MICHAEL	
STREET ADDRESS	8110 SABAL OAK LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIGOREUX, J. J.	
STREET ADDRESS	4317 Blue Heron Drive	
CITY-ST-ZIP	Ponte Veda, FL 32082	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gardner Michael	
STREET ADDRESS	8110 Sabal Oak Lane	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02

Date

Daytime Phone #

CR2E034 (9/01)