

2002 UNIFORM BUSINESS REPORT (UBR)

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

0034991 AV

04-11-2002 90780 006 ***150.00

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 | 4. FEI Number 59-3397562 | Applied For Not Applicable |
| Zip 32250 | Country US | Zip | Country |

| | |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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~~ **4317 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 (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 NAME STREET ADDRESS CITY-ST-ZIP | V VIGOREUX, JJ 4817 BLUE HERON DRIVE PONTE VEDRA FL 32082 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GARDNER, MICHAEL 8110 SABAL OAK LANE JACKSONVILLE FL 32256 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V VIGOREUX, J. J. 4317 Blue Heron Drive Ponte Veda, FL 32082 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Gardner Michael 8110 Sabal Oak Lane Jacksonville, FL 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: DATE: **4/18/02** Daytime Phone # _____

CR2E034 (9/01)