

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020821

1. Entity Name

SHERRY'S GIFTS OF GILT, INC.

Principal Place of Business Mailing Address  
6677 SOUTHWEST 18TH STREET, SUITE H136  
BOCA RATON FL 33433  
6677 SOUTHWEST 18TH STREET, SUITE H136  
BOCA RATON FL 33433

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent  
Name *Sherry Fehr* *Sherry Fehr*  
Street Address (P.O. Box Number is Not Acceptable) *4101 Ocean Ave* *4101 Ocean Ave*  
City *Boca Raton* FL *33431*

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 *Sherry Fehr*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *10/19/01*

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
Make Check Payable to Department of State

10. Election Campaign Financing  \$5.00 May Be  
Trust Fund Contribution.  Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD**  Delete  
NAME **FEHR, SHERRY R**  
STREET ADDRESS **6677 SOUTHWEST 18TH STREET, SUITE H136**  
CITY-ST-ZIP **BOCA RATON FL 33433**

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**000004670570-23**  
-11/07/01--01033--029  
\*\*\*\*750.00 \*\*\*\*750.00

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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: *X Sherry Fehr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9/28/01 561-338-9100*

Date Daytime Phone #

007733  
AV

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 22 PM 3:07



REINSTATEMENT 01

DO NOT WRITE IN THIS AREA

4. FEI Number **65-0733801**  Application  
 Not Applicable

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

CR4E034 (5/01)