

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90229 002 ***550.00

DOCUMENT # P97000049534

1. Entity Name
TANEAU'S GIFT CONNECTION CORPORATION

Principal Place of Business
**11 AMBERJACK RD
 PONTE VEDRA BEACH FL 32082**

Mailing Address
**226-5 SOLANA RD. PMB 176
 PONTE VEDRA FL 32082**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3449068**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**TANTON, CYNTHIA
 11 AMBERJACK ROAD
 PONTE VEDRA BEACH FL 32082**

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

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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
 NAME **PD TANTON, CYNTHIA V** ☐ Delete
 STREET ADDRESS **11 AMBERJACK RD**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

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

TITLE
 NAME **S MCRORY, ALICE M** ☐ Delete
 STREET ADDRESS **12217 CAP FERRAT ST**
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

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

TITLE
 NAME **PATNEAU, AUSTIN** ☐ Delete
 STREET ADDRESS **618 BLUE HERON DR**
 CITY-ST-ZIP **KNOXVILLE TN 37922**

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

TITLE
 NAME **D STUTTS, MARY** ☐ Delete
 STREET ADDRESS **1709 LEEWARD DR**
 CITY-ST-ZIP **NEPTUNE BEACH FL 32266**

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME ☐ Delete
 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: *Cynthia Tanton*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/26/01** Daytime Phone # **(904) 285-5045**

CR2E034 (5/01)