

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000062346

1. Entity Name

BOCA BASKETS OF GIFTS, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90092 039 ***150.00

Principal Place of Business

4199 N DIXIE HWY #5
 BOCA RATON FL 33431
 US

Mailing Address

4199 N DIXIE HWY #5
 BOCA RATON FL 33432-6025
 US

2. Principal Place of Business

301 S Federal Hwy
 Suite, Apt. #, etc.

3. Mailing Address

301 S. Federal Hwy
 Suite, Apt. #, etc.

City & State

Boca Raton FL

Zip
 33432

Country

US

City & State

Boca Raton FL

Zip
 33432

Country

US

4. FEI Number

65-0789999

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

THATCHER, RUSSELL S
 2952 SW 22 CIRCLE
 STE D
 DELRAY BEACH FL 33445

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

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, 2000 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
 PSTD
 THATCHER, SHAWN
 301 S. FEDERAL HIGHWAY
 BOCA RATON FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
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☐ 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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/00

Date

Daytime Phone #

561.394.8018