# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 26, 2002 8:00 AM**
**Secretary of State**

DOCUMENT# P97000068741

**Entity Name:** PRESENTATIONS: GIFTS OF A LIFETIME, INC.

**Current Principal Place of Business:**

8963 GAYLORD ST
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 1016
WINDERMERE, FL 34786

**New Mailing Address:**

**FEI Number: 59-3471351** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CARTELLI, LAWRENCE
8963 GAYLORD ST
ORLANDO, FL 32819

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: CARTELLI, JANE
Address: 8963 GAYLORD ST
City-St-Zip: ORLANDO, FL 32819

Title: V ( ) Delete
Name: CARTELLI, LAWERENCE
Address: 8963 GAYLORD ST
City-St-Zip: ORLANDO, FL 32819

Title: V ( ) Delete
Name: PIMENTAL, BROOKE S
Address: 526 MARKEN LOOP
City-St-Zip: POLK CITY, FL 33868 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE CARTELLI PD 04/26/2002

Electronic Signature of Signing Officer or Director — Date