1/10/01-9

FILED
Feb 12, 2001 8:00 am
Secretary of State

01-10-2001 90083 022 ***150.00

DOCUMENT # P97000085105

1. Entity Name

DOCKSIDE GIFTS & SUNDRIES, INC.

Principal Place of Business	Mailing Address
3351 W. BURLEIGH BLVD TAVARES FL 32778	932 E. MAIN ST. LEESBURG FL 34748

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3351-A W. Burleigh Blvd Suite, Apt. #, etc.	3351-A W. Burleigh Blvd Suite, Apt. #, etc.
City & State: Tavares FL	City & State: Tavares FL
Zip: 32778 Country: US	Zip: 32778 Country: US

4. FEI Number 59-3506647 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RICHEY, STEVEN J ESQ.
P.O. BOX 492460
LEESBURG FL 34749-2460

7. Name and Address of New Registered Agent

Name: Steven J Richey ESQ
Street Address (P.O. Box Number is Not Acceptable): 1009 North 14th St
City: Leesburg FL Zip Code: 34748

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SHEPHERD, DEBRA 1218 HOWARD RD. LEESBURG FL 34748	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST SHEPHERD, CHARLES W III 1218 HOWARD RD. LEESBURG FL 34748	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: Charles W Shepherd 1/5/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #