

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90172 031 ***550.00

DOCUMENT # P97000093386

1. Entity Name
VALUE CARD & GIFT, INC.

Principal Place of Business
**8912 N. MILITARY TRAIL
 PALM BEACH GARDENS FL 33410**

Mailing Address
**8912 N. MILITARY TRAIL
 PALM BEACH GARDENS FL 33410**



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 **65-0793727**

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

**ROYCE, RAYMOND W
 4400 PGA BLVD.
 PALM BEACH GARDENS FL 33410**

Name **Bruce Parrish**
 Street Address (P.O. Box Number is Not Acceptable)
105 S. NARCISSUS Ave Ste 412
 City **West Palm Beach** FL Zip Code **33401**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[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 13, 2002 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 ☐ Delete
 NAME **D SLATE, GARY M**
 STREET ADDRESS **10813 EGBET POINT PL**
 CITY-ST-ZIP **W. PALM BEACH FL 33412**

TITLE ☒ Change ☐ Addition
 NAME **Slate, Gary S.**
 STREET ADDRESS **8287 Quail Meadow Way**
 CITY-ST-ZIP **W. Palm Beach FL 33412**

TITLE ☒ Delete
 NAME **VP SLATE, SUZANNE**
 STREET ADDRESS **10813 EGBET POINT PL**
 CITY-ST-ZIP **WEST PALM BEACH FL 33410**

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-21-02

Date

Daytime Phone #

CR2E034 (4/02)