FILED
Aug 13, 2004 8:00 am
Secretary of State
05-07-2004 90120 035 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000004491

1. Entity Name: Palm Beach Cards & Gifts Inc

DO NOT WRITE IN THIS SPACE

66431870

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Delray Beach	Carnivals Flea Market
Suite, Apt. #, etc.: 47-49 DBA	Suite, Apt. #, etc.:
City & State: Delray Beach 33484	City & State: Florida
Zip: 33484 Country: USA	Zip: 33484 Country: USA

4. FEI Number: 65-0217364 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $30.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Kenneth H. Bellerose

Street Address (P.O. Box Number is Not Acceptable): 6500 N. Military Trail Lot 429 West Palm Beach FL

City: West Palm Beach FL Zip Code: 33407

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: K H Bellerose May 1, 2004

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

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Kenneth H Bellerose President 6500 N. Military Trail Lot #429 WPB FL 33407
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Nancy Bellerose Vice President Same
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: K H Bellerose 5/1/04 (561) 848-1884

(Signature and Typed or Printed Name of Individual) (Date) (Daytime Phone #)