

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000048073

1. Entity Name

TOP THIS UNIQUE GIFTS, INC.

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90057 040 \*\*\*150.00

Principal Place of Business

2824 BEACH BLVD., S.  
GULFPORT FL 33707

Mailing Address

2824 BEACH BLVD., S.  
GULFPORT FL 33707-5536

031001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*CHANGE OF ADDRESS*  
*1731 SHADY LEAF DR.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*VALRICO FL*

4. FEI Number

59-3522399

Applied For

Not Applicable

Zip

Country

Zip

Country

*33594*

*HILLSBOROUGH*

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

D'AMBRA, JOANN  
2824 BEACH BLVD., S.  
GULFPORT FL 33707

Name

Street Address (P.O. Box Number is Not Acceptable)

*1731 SHADY LEAF DR.*

City

*VALRICO,*

FL

Zip Code

*33594*

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

*3/22/00*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS	<input type="checkbox"/> Delete
NAME	JOANN, D'AMBRA	
STREET ADDRESS	2824 BEACH BLVD	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	D'AMBRA, JOHN	
STREET ADDRESS	2824 BEACH BLVD	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>1731 SHADY LEAF DR.</i>	
CITY-ST-ZIP	<i>VALRICO, FL 33594</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>1731 SHADY LEAF DR.</i>	
CITY-ST-ZIP	<i>VALRICO, FL 33594</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Joann D'Ambra 3/22/00*