

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053547

1. Entity Name

Distinctive Alumni Gifts, Inc.

Principal Place of Business

Mailing Address

1550 F3 McMullen Booth Rd Ste 302
Clearwater, FL 33759

2. Principal Place of Business

3. Mailing Address

3081 Crest Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Clearwater FL

Zip

Country

Zip

Country

33759

USA

4. FEI Number

59-3520346

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

Timothy G. Langenback, Pres.
2868 Allapattah Dr.
Clearwater, FL 33759

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

4/12/01
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 \$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	Timothy G. Langenback President 2868 Allapattah Dr. Clearwater, FL 33761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Angela M. Langenback 2868 Allapattah Dr. Clearwater, FL 33761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Charles L. Attardo 3081 Crest Dr. Clearwater FL 33759	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Linda A. Attardo 3081 Crest Dr. Clearwater, FL 33759	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Linda A. Attardo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda A. Attardo

Date

4/6/2001

Daytime Phone #

727
570-2117

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90087 007 ***150.00

C0049044

DO NOT WRITE IN THIS SPACE

CR2E034 (1/00)