2000 UNIFORM BUSINESS REPORT (UBR) 51 DOCUMENT # P99000009304 Jun 19, 2000 8:00 am 1. Entity Name CHRIS'S GIFTS, INC. **Secretary of State** 05-15-2000 90196 036 ***150.00 Principal Place of Business Mailing Address 1624 S. ATLANTIC AVE. 1624 S. ATLANTIC AVE. DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118-4951 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number -3553514 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PASPALAKIS, CHRIS Street Address (P.O. Box Number is Not Acceptable) 1624 S. ATLANTIC AVE. DAYTONA BEACH FL 32118 Zip Code City 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 the if applicable (NOTE: Registered Agent signature required when reinstating) DATE This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2600 Fee will be \$550.00 Tax filing repairement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Addition TITLE ☐ Deleta NAME STREET ADDRESS STREET ADDRESS DAYTOOA BEACH FLISLIIS CITY-ST-ZIP CTY-ST-ZIP ☐ Change Addition 🗂 Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition -TITLE . Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADORESS

CITY-ST-ZIP

NITED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Change

Addition