2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900011996 1. Entity Name GIFT CREATORS, INC. 08-15-2000 90019 015 ***150.00 Principal Place of Business Mailing Address 1521 ST. CREST DR. 1521 ST. CREST DR. **ENGLEWOOD FL 34223** ENGLEWOOD FL 34223 2. Principal Place of Business 3. Mailing Address 2828 5 Mc CAll 838 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #L etc. Applied For City & State ENGLEWOOD 65 -09003 Not Applicable Country CharlottE \$8.75 Additional 5. Certificate of Status Desired 4224 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MILLER ORMA MILLER, MORMA L Street Address (P.O. Box Number is Not Acceptable) 1521 ST. CREST DR. **ENGLEWOOD FL 34223** City Zip Code 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. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition TITLE ☐ Delete TITLE ☐ Change MILLER, NORMA L NAME NAME STREET ADDRESS 1521 ST. CREST DR. STREET ADDRESS CITY-ST-ZIP ENGLEWOOD FL 34223 CITY-ST-ZIP TITLE ☐ Delete TITLE RICHBOURG, GAIL NAME NAME 1521 CREST DR STREET ADDRESS G739 LONG MOSS LIVE STREET ADDRESS ENGLEWOOD FL 34223 CITY-ST-ZIP ENGLEWOOD FL 34224 CITY-ST-ZIP Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/TY-ST-ZIE Addition **IM**E ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete DDE ☐ Change TITLE

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.

CITY-ST-ZIP

NAME STREET ADDRESS

NAME

STREET ADDRESS CITY-ST-ZIP

8/

FILED Aug 22, 2000 8:00 am Secretary of State

HHachment OHPAGOWY 1996

Division of Corporations P. O. Box 6327 Tallahassee, Fl 32314

Gentlemen;

I am writing to inform you that this is the first notice I have received of the Uniform

Business Report, as God is my wittness.

I have no idea what happened. We were in the process of moving at the time.

All papers that were received were taken to our accountant for processing. I have reviewed them and again there is no Uniform Business Report.

Your help in this matter will be greatly appreciated. Thanking you in advance.

Sincerely,

Norma L. Miller, V. Pres.

Tiffany Square 2828:9 S. McCall Rd. Englewood: FI 54224 (941): 473:981:1 gifterators@ewol.com

