

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90110 015 \*\*\*150.00

**DOCUMENT # P99000011996**

**1. Entity Name**  
**GIFT CREATORS, INC.**



**Principal Place of Business**  
2828 S MCCALL RD  
STE-9  
ENGLEWOOD FL 34224

**Mailing Address**  
2828 S MCCALL RD  
STE-9  
ENGLEWOOD FL 34224



**2. Principal Place of Business**  
4212 N. Access Rd

**3. Mailing Address**

Suite, Apt. #, etc.  
Suite B

Suite, Apt. #, etc.

City & State  
ENGLEWOOD FL

City & State

SAME

Zip  
34224

Country  
USA

Zip

Country

**4. FEI Number** 65-0900356

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

MILLER, NORMA L  
1521 ST. CREST DR.  
ENGLEWOOD FL 34223

**7. Name and Address of New Registered Agent**

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *Norma L. Miller*  
Signature, typed or printed name of registered agent and title if applicable.

*Norma L. Miller*  
(NOTE: Registered Agent signature required when reinstating)

*3-5-03*  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

**TITLE** D ☐ Delete  
**NAME** MILLER, NORMA L  
**STREET ADDRESS** 1521 ST. CREST DR.  
**CITY-ST-ZIP** ENGLEWOOD FL 34223

**TITLE** D ☒ Delete  
**NAME** RICHBOURG, GAIL  
**STREET ADDRESS** 1521 CREST DR  
**CITY-ST-ZIP** ENGLEWOOD FL 34223

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** D ☒ Change ☐ Addition  
**NAME** Norma L. MILLER  
**STREET ADDRESS** 10091 Stonecrop Ave.  
**CITY-ST-ZIP** ENGLEWOOD, FL 34224

**TITLE** D ☒ Change ☐ Addition  
**NAME** HERB STEPHENS  
**STREET ADDRESS** 10091 Stonecrop Ave  
**CITY-ST-ZIP** Englewood, FL 34224

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Norma L. Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-5-03*  
Date

*941-473-9811*  
Daytime Phone #

CR2E034 (10/02)