

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90464 047 ***150.00

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DOCUMENT # P99000015683

1. Entity Name
GIFT BASKET BONANZA, INC.



Principal Place of Business
**1114 N. 17 AVE. #1
HOLLYWOOD FL 33020**

Mailing Address
**1114 N. 17 AVE. #1
HOLLYWOOD FL 33020**



2. Principal Place of Business
37634 PHELPS RD
Suite, Apt. #, etc.

3. Mailing Address
37634 PHELPS RD
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
DEPHYRHILLS, FL
Zip
33541 Country
PASCO

City & State
DEPHYRHILLS FL
Zip
33541 Country
PASCO

4. FEI Number **65-0952154** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MUNROE, LAWRENCE S
1114 N. 17 AVE. #1
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name
LAWRENCE S. MUNROE
Street Address (P.O. Box Number is Not Acceptable)
37634 PHELPS RD
DEPHYRHILLS
City **FL** Zip Code **33541**

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 *Lawrence Munroe*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS MUNROE, LAWRENCE S 1114 N. 17 AVE. #1 HOLLYWOOD FL 33020	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUNROE, LAWRENCE S 1114 N. 17 AVE. #1 HOLLYWOOD FL 33020	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD MUNROE, BARBARA 1114 N. 17TH AVE HOLLYWOOD FL 33020	<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"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 37634 PHELPS RD DEPHYRHILLS FL 33541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 37634 PHELPS RD DEPHYRHILLS FL 33541
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Barbara Munroe* **SIGNATURE REQUIRED** *BARBARA MUNROE* **7/22/03** **813-779-8223**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)