

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90165 046 ***150.00

DOCUMENT # P99000027560

1. Entity Name

THE GIFT SOLUTION, INC.

Principal Place of Business

4888 VALLEY FIELD DR.
 OLDSMAR FL 34677

Mailing Address

4888 VALLEY FIELD DR.
 OLDSMAR FL 34677-5216



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3438 East Lake Rd.

3. Mailing Address

3438 East Lake Rd.

Suite, Apt. #, etc.

Suite # 8

Suite, Apt. #, etc.

Suite # 8

City & State

Palm Harbor, FL

City & State

Palm Harbor, FL

4. FEI Number

59-3569956

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

Pinellas

Zip

Country

34685 Pinellas

6. Name and Address of Current Registered Agent

MENOSKY, KRISTEN
 4888 VALLEY FIELD DR.
 OLDSMAR FL 34677

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.

SIGNATURE

Kristen Menosky - Kristen Menosky - President 4/12/00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	MENOSKY, KRISTEN	4888 VALLEY FIELD DR.	OLDSMAR FL 34677	<input type="checkbox"/>
D	VESSEY, THERESA A	4889 VALLEY FIELD DR.	OLDSMAR FL 34677	<input type="checkbox"/>
D	VOLLMER, ANTONINA M	7436 MONTE VERDE	SARASOTA FL 34238	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P/D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
S/T/D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
V/D	Antonina M. Vollmer	4127 Boyd Lane	Palm Harbor, FL 34685	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Kristen Menosky - Kristen Menosky - President - 4/12/00 (727) 712-7664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)