

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90403 014 \*\*\*150.00

**DOCUMENT # P99000027560**

1. Entity Name  
**THE GIFT SOLUTION, INC.**

Principal Place of Business

3438 EAST LAKE ROAD  
 STE # 8  
 PALM HARBOR FL 34685

Mailing Address

3438 EAST LAKE ROAD  
 STE # 8  
 PALM HARBOR FL 34685

00025400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3569956**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MENOSKY, KRISTEN**  
**4888 VALLEY FIELD DR.**  
**OLDSMAR FL 34677**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	MENOSKY, KRISTEN	4888 VALLEY FIELD DR.	OLDSMAR FL 34677	<input type="checkbox"/>	<input type="checkbox"/>
STD	VESSEY, THERESA A	4889 VALLEY FIELD DR.	OLDSMAR FL 34677	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	VOLLMER, ANTONINA M	7436 MONTE VERDE	SARASOTA FL 34238	<input type="checkbox"/>	<input type="checkbox"/>
STD	Antonina M. Vollmer	4127 Boyd Lane	Palm Harbor, FL 34685	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VD	Vollmer, Antonina M	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 3/6/01 (727) 772-7664  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)