

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000040658

1. Entity Name:

GIFTS-N-SUCH, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90313 040 ***150.00

Principal Place of Business

229 N TYNDALL PARKWAY
PANAMA CITY FL 32404

Mailing Address

229 N TYNDALL PARKWAY
PANAMA CITY FL 32404

2. Principal Place of Business

227 N Tyndall Parkway
Suite, Apt. #, etc.

3. Mailing Address

227 N Tyndall Parkway
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PANAMA City FLA.

Zip

32404

Country

USA

City & State

PANAMA City FLA.

Zip

32404

Country

USA

4. FFI Number 59-3575710

Applied For

Not Applicable

5. Certificate of Status Des rec ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRUNER, CALVIN S
606 CENTER AVENUE
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name

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

City

State

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

Signature, typed or printed name of registered agent and the filer (see instructions)

(NOTE: Registered Agent signature required upon filing)

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, 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

TITLE	PVD	☐ Delete
NAME	POWELL, AMANDA D. B	
STREET ADDRESS	3316 B STREET	
CITY-STATE-ZIP	PANAMA CITY FL 32404	
TITLE	STD	☐ Delete
NAME	BRUNER, CALVIN S	
STREET ADDRESS	606 CENTER AVENUE	
CITY-STATE-ZIP	PANAMA CITY FL 32401	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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:

Calvin Bruner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 1 23 2001 (850) 7630002
Date

CR2E034 (10/00)