

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90149 045 ***150.00

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DOCUMENT # P99000040658

1. Entity Name
GIFTS-N-SUCH, INC.



Principal Place of Business
**227 N TYNDALL PARKWAY
PANAMA CITY FL 32404
US**

Mailing Address
**227 N TYNDALL PARKWAY
PANAMA CITY FL 32404
US**

11012656



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3575710**

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

**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

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 **CALVIN S. BRUNER**

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 **PVD**
STREET ADDRESS **POWELL, AMANDA D. B**
CITY-ST-ZIP **6734 SHORT STREET
PANAMA CITY FL 32404** ☐ Delete

TITLE
NAME **PVD** ☒ Change ☐ Addition
STREET ADDRESS **BRUNER AMANDA D.**
CITY-ST-ZIP **3322 "B" STREET** **(GOT ADIVORCED)**
PANAMA CITY FL 32404 ☐ Change ☐ Addition

TITLE
NAME **STD**
STREET ADDRESS **BRUNER, CALVIN S**
CITY-ST-ZIP **606 CENTER AVENUE
PANAMA CITY FL 32401** ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ 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:

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

April 14 2003 (850) 89-1788
Date Daytime Phone #

CR2E034 (10/02)