FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90223 016 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10065935

DOCUMENT # P99000044193

1. Entity Name
A & G GIFT SHOP, INC.

Principal Place of Business	Mailing Address
3155 S JOHN YOUNG PKWY ORLANDO, FL 32805	4590 MIDDLEBROOK RD APT O ORLANDO, FL 32811

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
		5777 Peregrine Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Orlando, FLORIDA	
Zip	Country	Zip: 32819	Country: ORANGE

4. FEI Number 59-3624915 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOHAMED, ANWAR
4590 MIDDLEBROOK
APT O
ORLANDO, FL 32811

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003, Fee will be $550.00
Make Checks 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	P MOHAMED, ANWAR 4590 MIDDLEBROOK RD ORLANDO, FL 32811	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] 4/8/03 407-375-1881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #