

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 03, 2000 8:00 am**  
**Secretary of State**

08-03-2000 90003 029 \*\*\*155.00

**DOCUMENT # P99000089056**

1. Entity Name  
**QUALITY GREETING CARDS, INC.**

*R*

Principal Place of Business CIRCLE SPRUSE CENTER 7651 SW HWY 200, SUITES 104 & 106 OCALA FL 34476	Mailing Address CIRCLE SPRUSE CENTER 7651 SW HWY 200, SUITES 104 & 106 OCALA FL 34476
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>CIRCLE SQUARE PLAZA</b> Suite, Apt. #, etc. <b>7651 SW HWY 200 SUITES 104 &amp; 106</b>	3. Mailing Address <b>CIRCLE SQUARE PLAZA</b> Suite, Apt. #, etc. <b>7651 SW HWY 200 SUITES 104 &amp; 106</b>
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City & State <b>OCALA, FL</b>	City & State <b>OCALA, FL</b>	4. FEI Number <b>59-3602060</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34476</b>	Country <b>USA</b>	Zip <b>34476</b>	Country <b>USA</b>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>PASCALE, EDWARD M</b> <b>16681 SE 95TH TERRACE</b> <b>SUMMERFIELD FL 34491</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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. <input checked="" type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After SEPTEMBER 13, 2000 Min. will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PASCALE, EDWARD M</b> <b>16681 SE 95TH TERRACE</b> <b>SUMMERFIELD FL 34491</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LARISH, MICHEL E</b> <b>PO BOX 2107</b> <b>BELLEVIEW FL 34421</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>POLYAK, MICHELE M.</b> <b>P.O. BOX 2107</b> <b>BELLEVIEW FL 34421</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michele M. Polyak* **7-28-00** **352-854-4979**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

(attachment)  
Doc#P99000089056

DO076191  
7-28-2000

To Whom It Concerns,

Being a new business owner, I was never aware of a Uniform Business Report. I received a second notice on July 26, 2000. I never received my first notice. Please accept my apology for this late payment.

Sincerely,  
Michele M. Polyak

100.00  
deductions  
of Sales Tax

Attachment 1  
Doc # P9900008905  
D0076191

F. That the Joint Stipulation and Marital Settlement Agreement was freely and voluntarily entered into by both parties.

G. That the terms of the Joint Stipulation and Marital Settlement Agreement are fair and just and in the best interest of the parties.

H. That the Husband herein has waived appearance at the Final Hearing in this matter;

I. That the Wife herein requests the restoration of her maiden name;

ACCORDINGLY, it is

ORDERED AND ADJUDGED:

1. That the marriage between MICHELE M. LARISH and GERALD LARUE LARISH be and is hereby dissolved and the parties are restored to the status of being single and unmarried because the marriage is irretrievably broken.

2. That the Court ratifies and confirms the Marital Settlement Agreement referenced above and herein incorporates same into this Final Judgment of Dissolution of Marriage. The Marital Settlement Agreement shall not be merged with or into the Final Judgment, but shall also survive as a separate enforceable contract on its own, and enforceable by either party as such.

3. The Wife's maiden name is restored, and she shall be known hereafter as MICHELE MAUREN POLYAK.

4. This Court retains jurisdiction to enforce the terms and conditions of the Marital Settlement Agreement, and to enter such further Orders as it deems necessary and proper.

DONE AND ORDERED in Chambers at Ocala, Marion County, Florida, this 24 day of January, 2000.

  
RAYMOND T. McNEAL  
Circuit Judge

NAME CHANGE