

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90003 005 ***150.00

DOCUMENT # P99000097786

1. Entity Name
PROGIFTS, INC.

Principal Place of Business

Mailing Address

**4224 NW 76 TERRACE
GAINESVILLE FL 32606**

**4224 NW 76 TERRACE
GAINESVILLE FL 32606**

2. Principal Place of Business

4033 NW 97th Blvd #A

3. Mailing Address

4033 NW 97th Blvd.

Suite, Apt. #, etc.

Str A

Suite, Apt. #, etc.

Str A

City & State

Gainesville FL

City & State

Gainesville, FL

Zip

32606

Country

A-USA

Zip

32606

Country

USA

4. FEI Number

59-3621543

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FARRELL, MELINDA C
4224 NW 76 TERRACE
GAINESVILLE FL 32606**

7. Name and Address of New Registered Agent

Name **Melinda C. Farrell**

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

4033 NW 97th Blvd. #A

City

Gainesville

FL

Zip Code

32606

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]

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/01

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 **PRES** ☐ Delete
NAME **FARRELL, MELINDA C**
STREET ADDRESS **4224 NW 76TH TERRACE**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES.** ☒ Change ☐ Addition
NAME **Melinda C. Farrell**
STREET ADDRESS **4033 NW 97th Blvd. #A**
CITY-ST-ZIP **Gainesville, FL 32606**

TITLE **Vice Pres.** ☐ Change ☒ Addition
NAME **John Farrell**
STREET ADDRESS **4033 NW 97th Blvd. #A**
CITY-ST-ZIP **Gainesville FL 32606**

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

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

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

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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01 352.332.3833

Date

Daytime Phone #

CR2E034 (10/00)