

DOCUMENT

S62434

1. Entity Name

SAUGRASS GIFTS INC

Principal Place of Business

Mailing Address

2000 NE 5 AVE
BOCA RATON FL 334312000 NE 5 AVE
BOCA RATON FL
33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FSI Number

65-0407948

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUSSMAN, ARTHUR

2000 NE 5TH AVE

BOCA RATON FL 33431

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)☒10. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
P
SUSSMAN, ARTHUR
2000 NE 5TH AVE☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
BOCA RATON FL
33432☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DeleteTITLE
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NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change☐ Addition

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:

ARTHUR SUSSMAN

4/17/02

Date

Daytime Phone