

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90739 005 ***150.00

DOCUMENT # S98194

1. Entity Name

GREETINGS INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7419 U.S. HIGHWAY 19

3. Mailing Address

7419 U.S. HGIWHAY 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FL

City & State

NEW PORT RICHEY, FL

Zip

34652

Country

Zip

34652

Country

4. FEI Number

59-1975872

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

DAVID R. CARTER, P.A.

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

7419 U.S. Highway 19

City

NEW PORT RICHEY

FL

Zip Code

34652

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP**

PD

REGAN, DAVID MARK
REGENT HSE, DOCKFIELD RD.
SHIPLEY, W. YORKSHIRE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TD

BEST, C.L.
REGENTHSE, DOCKFIELD RD
SHIPLEY, W. YORKSHIRE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

SD

REGAN, TERRENCE
REGENT HOUSE DOCKFIELD RD
SHIPLEY W

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 26-02

Date

Daytime Phone #

CR2E034B (12/01)