

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V04238

1. Entity Name

GREETING CARD OUTLET II, INC.

FILED

Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90132 018 ***150.00

Principal Place of Business

Mailing Address

4300 28TH ST. N.
ST. PETERSBURG FL 33714
US

6990 22ND AVENUE NORTH
ST. PETERSBURG FL 33710-3920
US

2. Principal Place of Business

3. Mailing Address

5225-4th St. N.

5225-4th St. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite C & D

Suite C & D

City & State

City & State

St. Petersburg, FL

St. Petersburg, FL

Zip 33703

Country USA

Zip 33703

Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3100407

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATTSON, RICK A.
7113 FIRST AVENUE SOUTH
ST. PETERSBURG FL 33712

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VST
NAME DWYER, LAWRENCE ALAN JR. ☐ Delete
STREET ADDRESS 6990 22ND AVE N.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE VST
NAME DWYER, LAWRENCE ALAN JR. ☒ Change ☐ Addition
STREET ADDRESS 4614-56th AVE. N.
CITY-ST-ZIP St. Petersburg, FL 33714

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/00

127-527-2093

Date

Daytime Phone #

CR2E034 (9/99)