

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90292 037 ***150.00

DOCUMENT # F93000000428

1. Entity Name

CONTINENTAL WHOLESALE FLORISTS, INC.

Principal Place of Business

11122 IOTA DR.
 SAN ANTONIO TX 78217

Mailing Address

11122 IOTA DR.
 SAN ANTONIO TX 78217-2612

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

74-1360777

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PAUL, HARLAN L ESQUIRE
431 E. NEW YORK AVENUE
DELAND FL 32721-2087

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)

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	EVERETT, LARSON	
STREET ADDRESS	11122 IOTA DRIVE	
CITY-ST-ZIP	SAN ANTONIO TX 78217	
TITLE	DV	<input type="checkbox"/> Delete
NAME	EVERETT, JEROME	
STREET ADDRESS	11122 IOTA DRIVE	
CITY-ST-ZIP	SAN ANTONIO TX 78217	
TITLE	DV	<input type="checkbox"/> Delete
NAME	EVERETT, JAMES	
STREET ADDRESS	11122 IOTA DRIVE	
CITY-ST-ZIP	SAN ANTONIO TX 78217	
TITLE	STD	<input type="checkbox"/> Delete
NAME	EVERETT, NURIA	
STREET ADDRESS	11122 IOTA DRIVE	
CITY-ST-ZIP	SAN ANTONIO TX 78217	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

1/10/2000 (210)654-6543
 Date Daytime Phone #

CR2E034 1/9/99

C0007264



DO NOT WRITE IN THIS SPACE