

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90034 040 ***150.00

DOCUMENT # L19724

1. Entity Name

MAIN STREAM FLORIST & GIFT SHOP, INC.

Principal Place of Business

Mailing Address

6610 E FOWLER AVE
 SUITE E
 TEMPLE TERRACE FL 33617
 US

6610 E FOWLER AVE
 SUITE E
 TEMPLE TERRACE FL 33617-2443
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2968467**

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARREN, PATRICIA A
6610 E FOWLER AVE
SUITE E
TEMPLE TERRACE FL 33617

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 Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
 NAME **WARREN, PATRICIA A.**
 STREET ADDRESS **11621 LELAND HAWES RD**
 CITY-ST-ZIP **THONOTOSASSA FL**

TITLE Change Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** Delete
 NAME **WARREN, WALTER M.**
 STREET ADDRESS **11621 LELAND HAWES RD**
 CITY-ST-ZIP **THONOTOSASSA FL**

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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, unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia A. Warren **PATRICIA A. WARREN** 1-31-2000 9890
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #