

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 05, 2001 08:00 AM
Secretary of State

DOCUMENT # N00000007908

1. Entity Name
LILIES UNLIMITED, INCORPORATED

Principal Place of Business 1913 OAKMONT DRIVE JACKSONVILLE FL 32211	Mailing Address D.O. BOX 3154 JACKSONVILLE FL 32206
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2. Principal Place of Business 1451 HOME ST. STE. 2	3. Mailing Address P.O. BOX 3154 Suite, Apt. #, etc.
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City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
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Zip 32207	Country	Zip 32206	Country
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4. FEI Number 59-3683761	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CARPENTER STEWARD A
 1913 OAKMONT DRIVE

 JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

Name
WOMACK DONNA PV.CHMN.
 Street Address (P.O. Box Number is Not Acceptable)
 1451 HOME ST.
 STE. 2
 City
JACKSONVILLE FL Zip Code
 32207

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 **DONNA P. WOMACK** DATE **09/05/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOMACK DONNA PVICECHM 1307 RIVER HILLS CIR. E. #3 JACKSONVILLE FL 32211 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXD IRWIN N. GAYE EXECDIR 909 CEDAR ST. #2 JACKSONVILLE FL 32207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAINEY JOSEPH D 1235 LANDON AVE JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARPENTER STEWARD ASECR 1913 OAKMONT DRIVE JACKSONVILLE FL 32211 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA MOSELEY HEATHER RTREAS 959 WATERMAN DR. N. JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHMN STOVER RAINEY TERESA CHAIRMN 1913 OAKMONT DRIVE JACKSONVILLE FL 32211 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Teresa Stoyer-Rainey** Chmn 09/05/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)