

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	Mailing Address
1913 OAKMONT DRIVE	D.O. BOX 3154
JACKSONVILLE FL 32211	JACKSONVILLE FL 32206

2. Principal Place of Business	3. Mailing Address
1451 HOME ST.	P.O. BOX 3154

Suite, Apt. #, etc.	Suite, Apt. #, etc.
STE. 2	

City & State	City & State
JACKSONVILLE FL	JACKSONVILLE FL

Zip	Country	Zip	Country
32207		32206	

4. FEI Number	Applied For
59-3683761	Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CARPENTER STEWART 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****09/05/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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
	D RAINY JOSEPH D	1913 OAKMONT DRIVE	JACKSONVILLE FL 32211	<input type="checkbox"/> Delete
	D CARPENTER STEWARD A	1913 OAKMONT DRIVE	JACKSONVILLE FL 32211	<input type="checkbox"/> Delete
	D RAINY MOSELEY HEATHER	1913 OAKMONT DRIVE	JACKSONVILLE FL 32211	<input type="checkbox"/> Delete
	D STOVER RAINY TERESA	1913 OAKMONT DRIVE	JACKSONVILLE FL 32211	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Daytime Phone #

CR2E037 (11/00)