

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000007908

FILED
Jun 10, 2002 8:00 AM
Secretary of State

Entity Name: LILIES UNLIMITED, INCORPORATED

Current Principal Place of Business:

1451 HOME ST.
STE. 2
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3154
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 59-3683761 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOMACK, DONNA P V.CHMN.
1451 HOME ST.
STE. 2
JACKSONVILLE, FL 32207

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CHMN () Delete
Name: STOVER RAINEY, TERESA CHAIRMN
Address: 1913 OAKMONT DRIVE
City-St-Zip: JACKSONVILLE, FL 32211

Title: TREA () Delete
Name: MOSELEY, HEATHER R TREAS
Address: 959 WATERMAN DR. N.
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: CARPENTER, STEWART A SECR
Address: 1913 OAKMONT DRIVE
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: RAINEY, JOSEPH D
Address: 1235 LONDON AVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: EXD () Delete
Name: IRWIN, N. GAYE EXECDIR
Address: 909 CEDAR ST. #2
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: WOMACK, DONNA P VICECHM
Address: 1307 RIVER HILLS CIR. E. #3
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHMN (X) Change () Addition
Name: STOVER RAINEY, TERESA CHAIRMN
Address: 1307 RIVER HILLS CIR. E. #19
City-St-Zip: JACKSONVILLE, FL 32211

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CARPENTER, STEWART A SECR
Address: 1307 RIVER HILLS CIR. E. #19
City-St-Zip: JACKSONVILLE, FL 32211

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERESA STOVER RAINEY

CHMN

06/10/2002

Electronic Signature of Signing Officer or Director

Date