

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-11-2000 90290 018 ***150.00

DOCUMENT # P96000098180

1. Entity Name
CLERMONT FLORIST, INC.

Principal Place of Business

1203 W. HIGHWAY 50
 CLERMONT FL 34711

Mailing Address

1203 W. HIGHWAY 50
 CLERMONT FL 34711-2401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

167 N US 27
 Suite, Apt. #, etc.

3. Mailing Address

167 N US 27
 Suite, Apt. #, etc.

City & State
 Clermont FL
 Zip 34711 Country USA

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 Clermont FL
 Zip 34711 Country USA

4. FEI Number **59-3215280**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GARCIA, MARIO A
 225 E. ROBINSON STREET, SUITE 540
 ORLANDO FL 32801

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 _____ (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOYD, ANITA		NAME	
STREET ADDRESS 705 HERITAGE BLVD.		STREET ADDRESS	
CITY-ST-ZIP WINTER PARK FL 32792		CITY-ST-ZIP	
TITLE VSTD	<input type="checkbox"/> Delete	TITLE VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, JOSEPH		NAME Smith, Joseph	
STREET ADDRESS 705 HERITAGE BLVD.		STREET ADDRESS 1145 Montecarlo Cr	
CITY-ST-ZIP WINTER PARK FL 32792		CITY-ST-ZIP Apopka, FL 32712	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Joseph A. Smith
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00 352-394-6108
 Date Daytime Phone #

CR2E034 (9/99)