

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90052 046 ***150.00

DOCUMENT # S55985

1. Entity Name
MANATEE FLORAL, INC.

Principal Place of Business

**1320 33RD ST W
 PALMETTO FL 34221
 US**

Mailing Address

**PO BOX 31
 BRADENTON FL 34206
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0270935**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SIMPSON, NATHAN B.
 100 N TAMPA STREET
 SUIT E2700
 TAMPA FL 33602-5804**

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

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, 2002 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

TITLE **SVD** ☐ Delete
 NAME **PRESTON, WALTER L**
 STREET ADDRESS **1511 51ST ST W**
 CITY-ST-ZIP **BRADENTON FL**

TITLE **PD** ☐ Delete
 NAME **PRESTON, WHITING H II**
 STREET ADDRESS **1509 4TH STREET WEST**
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **TD** ☐ Delete
 NAME **PRESTON, FLAVIA F**
 STREET ADDRESS **1511 51ST ST W**
 CITY-ST-ZIP **BRADENTON FL**

TITLE **D** ☐ Delete
 NAME **KIMBREL, C DAN**
 STREET ADDRESS **1312 COMFORT RD**
 CITY-ST-ZIP **AUGUSTA GA**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)