

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90010 021 ***150.00

DOCUMENT # V46103

1. Entity Name
FLORA EXPRESS, INC.

Principal Place of Business
2905 COMANCHE RD
ST. CLOUD FL 34772
US

Mailing Address
PO BOX 702076
ST. CLOUD FL 34770
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3111 Comanche Road
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
St. Cloud, FL
 Zip
34772
 Country

City & State
 Zip
 Country

4. FEI Number **59-3130092**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

JOHN N. RALLIS II, CPA
809 E. OAK ST
STE. 103
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name **Steven B. Edwards**
 Street Address (P.O. Box Number is Not Acceptable)
3111 Comanche Road
 City **St. Cloud** FL Zip Code **34772**

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 *Steven B. Edwards*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/7/2002**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, STEVEN B. 1212 CREEK WOODS CIR ST. CLOUD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, STEVEN B. 5831 GUENEVRE CT. ST. CLOUD, FL 34772 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBER, DOUGLAS E 1138 MONROE AVENUE ST CLOUD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBER, DOUGLAS E 1507 EAGLES LANDING COURT KISSIMMEE, FL 34744 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 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: *Steven B. Edwards*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/7/2002**

DAYTIME PHONE # **(407) 892-5155**

CR2E034 (9/01)