

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000098180

1. Entity Name

CLERMONT FLORIST, INC.

FILED

May 11, 2000 8:00 am
Secretary of State

05-11-2000 90290 018 ***150.00

Principal Place of Business

Mailing Address

1203 W. HIGHWAY 50
CLERMONT FL 34711

1203 W. HIGHWAY 50
CLERMONT FL 34711-2401

2. Principal Place of Business

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

3. Mailing Address

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



DO NOT WRITE IN THIS SPACE

City & State

Clermont FL

Zip 34711

Country

USA

City & State

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

7. Name and Address of New Registered Agent

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

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, 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

TITLE PD
NAME BOYD, ANITA
STREET ADDRESS 705 HERITAGE BLVD.
CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete

TITLE VSTD
NAME SMITH, JOSEPH
STREET ADDRESS 705 HERITAGE BLVD.
CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 VSTD
NAME Smith, Joseph
STREET ADDRESS 1145 Montecarlo
CITY-ST-ZIP Apopka, FL 32712 ☒ Change ☐ Addition

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00

352-374-6108

CR2E034 (9/99)