

**2000 UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

00 JUL 24 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Page 2 of 3*



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 147786**

1. Entity Name  
**ROMAN J. CLAPROOD COMPANY OF FLORIDA**

Principal Place of Business 3604 US 41 SOUTH SUN CITY FL 33586 US	Mailing Address PO BOX 7037 SUN CITY FL 33586 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number <b>59-0641083</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SIMMONS, MABEL  
307 MANATEE DR., S.W.  
RUSKIN FL 33570**

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 \$550.00**  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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		<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMMONS, MABEL 307 MANATEE DR., S.W. RUSKIN FL	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CLAPROOD, FLOYD R. 242 N. GRANT AVE. COLUMBUS OH	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GLISSON, DAMON 846 BIRDIE WAY APPOLLO BCH. FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS SIMMONS, MABEL 307 MANATEE DR., S.W. RUSKIN FL	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003344405--5 -08/02/00--01080--034 ****150.00 ****150.00	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 7-17-00 Daytime Phone #: 334 9434821

CPFE034 (5/00)

**SP** *[Signature]*

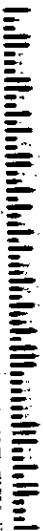
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FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314

Simmons



BIMMO37 #335863172 1500 21 07/08/00  
SIMMONS  
6718 SIMMONS LOOP  
RIVERVIEW FL 33569-9420

BIMMO37 #335863172 1500 21 07/08/00

6-703737

PRESORTED  
FIRST-CLASS MAIL  
U.S. POSTAGE PAID  
FLORIDA DIVISION OF CORPORATIONS

Roman J. Clapgood Co. of Florida



SINCE 1939  
WHOLESALE FLORIST

July 17, 2000

Florida Dept of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

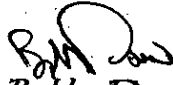
To whom it may concern:

The renewal for UBR was mailed to the president of the Corporation. Her name is Mabel Simmons. She was killed in an automobile accident April 26, 2000. The form was mailed to her home address and was finally forwarded to me on July 17, 2000.

I am asking the state if they will waive the late fee and accept our payment in the amount of \$150.00. The Corporation will operate until December 31, 2000 and at that time will be dissolved.

Thank you for your consideration in this matter.

Sincerely,

  
Bobby Dawson  
Secretary