

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 160217

1. Entity Name

HICKERSON FLOWERS, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90004 009 ***150.00

Principal Place of Business

Mailing Address

~~3451 LUST ROAD~~
~~APOPKA, FL 32704 1148~~
~~US~~

~~3451 LUST ROAD~~
~~APOPKA, FL 32708 0307~~
~~US~~

2. Principal Place of Business

1902 Lake Eustis Drive
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2076
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Eustis, FL		City & State Eustis, FL		4. FEI Number 59-0626922	Applied For <input type="checkbox"/> Not Applicable
Zip 32726	Country US	Zip 32727-2076	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HICKERSON, NORMAN E
100 S. TREMAIN #F2
MT. DORA FL 32757

7. Name and Address of New Registered Agent

Name
HICKERSON, NORMAN E.
Street Address (P.O. Box Number is Not Acceptable)
1902 Lake Eustis Drive
Eustis, FL 32726
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 Norman E. Hickerson **Norman E. Hickerson** **1-26-00**
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HICKERSON, NORMAN E. 100 S. TREMAIN #F2 MT. DORA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HICKERSON, NORMAN E. 1902 Lake Eustis Drive Eustis, FL 32726 <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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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

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.

Norman E. Hickerson, Pres
SIGNATURE: Norman E. Hickerson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-99 **352-483-4831**
Date Daytime Phone #

CR2E034 (9/99)