

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 185957**1. Entity Name  
**FLORAL ACRES, INC.**Principal Place of Business  
**855 NORTH 62 DRIVE  
WEST PALM BEACH FL 33413**Mailing Address  
**P.O. BOX 540939  
LAKE WORTH FL 33454****FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90031 036 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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 <b>59-0745557</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>ROSACKER JR, ARTHUR 18 VIA LAGO BOYNTON BEACH FL 33435</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <b>FL</b> 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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSACKER JR, ARTHUR</b>	NAME	
STREET ADDRESS	<b>14281 GALLAGHER ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSACKER, BARBARA</b>	NAME	
STREET ADDRESS	<b>14281 GALLAGHER RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BCH FL</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TSCHECHLOK, GUENTER</b>	NAME	
STREET ADDRESS	<b>218 NE 1ST AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BCH FL</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSACKER, ARTHUR III</b>	NAME	
STREET ADDRESS	<b>310 NW 18TH STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33444</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSACKER, PATRICK R.</b>	NAME	
STREET ADDRESS	<b>6570 WAVERLY LANE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 #

CR2E034 (10/00)