

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-05-2003 90182 023 ***158.75

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

2/4

DOCUMENT # 300769

1. Entity Name
FLOWER BOX OF MELBOURNE, INC.



Principal Place of Business

2155 SARNO RD
MELBOURNE FL 32935
US

Mailing Address

2155 SARNO RD
MELBOURNE FL 32935
US

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

59-1118105

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POWERS, LELA
FLOWER BOX
2155 SARNO RD
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name

MYRON DAVISSON

Street Address (P.O. Box Number is Not Acceptable)

315 W RUTGERS AVE

City

MELBOURNE

FL

Zip Code

32901

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Myron F Davison*

(NOTE: Registered Agent signature required when reinstating)

01-31-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME DAVISSON, MONA
STREET ADDRESS 315 W. RUTGERS ST.
CITY-ST-ZIP MELBOURNE FL

TITLE ST ☒ Delete
NAME POWERS, LELA
STREET ADDRESS 501 W. EDGEWOOD DR.
CITY-ST-ZIP MELBOURNE FL

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P S T ☐ Change ☒ Addition
NAME MYRON F DAVISSON
STREET ADDRESS 315 W RUTGERS AVE
CITY-ST-ZIP MELBOURNE, FL 32901

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other ~~the~~ empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-31-03

Date

321 254-1538

Daytime Phone #

CR2E034 (10/02)