

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 368887

1. Entity Name
COX'S FLOWERS, INC.

FILED

00 JUL 18 PM 2:59

Principal Place of Business
640 PARK ST
JACKSONVILLE FLA 32204

Mailing Address
640 PARK ST
JACKSONVILLE FLA 32204

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

59-1303202

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

COX, LINDA R.
11250 PRINCESSA LANE
JACKSONVILLE FL 32218

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Delete
NAME COX, LINDA R
STREET ADDRESS 11250 PRINCESSA LANE
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE P ☐ Delete
NAME COX, ALTON C JR.
STREET ADDRESS 11250 PRINCESSA LANE
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE T ☐ Delete
NAME COX, ALTON C JR.
STREET ADDRESS 11250 PRINCESSA LANE
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 OF LINDA R. COX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-00
Date

904-757-5687
Daytime Phone #

CR2E034 (5/00)

July 11, 2000

2 of 3

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: 2000 Uniform Business Report
Document # 368887
Attn: Storey

Our check and report was mailed March 2000. We checked our bank statement for April & May 2000 and saw that the check had not been returned. We did not know that the Division of Corporations had not received the check until we received the second notice.

We had a fire May 16, 2000 which destroyed our building & all our records. Due to the fire we have not received some of our mail.

Per our conversation on Monday, July 10, 2000, I have enclosed a check for \$158.75. If you have any question, please call me at 904-757-5687.

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Send all correspond to the following
address:

Cox's Flowers, Inc.

11250 Princeton Ln.

Jacksonville, Florida

32218

Sincerely,

Linda Cox