

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90001 001 \*\*\*150.00

DOCUMENT # 368887  
1. Entity Name COX'S FLOWERS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 11250 PRINCESSA LANE  
Suite, Apt. #, etc. \_\_\_\_\_

3. Mailing Address 11250 PRINCESSA LANE  
Suite, Apt. #, etc. \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

City & State  
JACKSONVILLE, FLORIDA  
Zip 32218 Country U.S.

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4. FEI Number 59-1303202  
Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name LINDA R. COX

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

11250 PRINCESSA LANE

City JACKSONVILLE, FL Zip Code 32218

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 Linda R. Cox

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-19-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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  
TITLE PRESIDENT / TREASURER  
NAME ALTON C. COX JR.  
STREET ADDRESS 11250 PRINCESSA LANE  
CITY-ST-ZIP JACKSONVILLE, FLORIDA 32218

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE SECRETARY  
NAME LINDA R. COX  
STREET ADDRESS 11250 PRINCESSA LANE  
CITY-ST-ZIP JACKSONVILLE, FLORIDA 32218

TITLE \_\_\_\_\_  
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Linda R. Cox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-02

Date

904-757-5687

Daytime Phone #