

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**  
 05-28-2002 91783 004 \*\*\*150.00

**DOCUMENT # 397093**

1. Entity Name  
**ALLEN'S FLORIST, INC.**

Principal Place of Business  
**316 MAIN STREET  
 DUNEDIN FL 34698-5732**

Mailing Address  
**316 MAIN STREET  
 DUNEDIN FL 34698-5732**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**Same As Above**

3. Mailing Address  
**Same**

Suite, Apt. #, etc.

City & State  
**Same**

City & State  
**Same**

Zip  
**Same**

Country  
**Pinellas**

Zip  
**34698**

Country  
**PINELLAS**

4. FEI Number **59-1382433**

Applied For  
 Not Applicable

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

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

**ARNOLD, ALLEN  
 316 MAIN STREET  
 DUNEDIN FL 33528**

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

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 **Betty Arnold V.P.**

(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, 2002 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		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>VDS ARNOLD, BETTY L</b>		NAME		
STREET ADDRESS	<b>3350 SAN JOSE AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CLEARWATER FL</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>D ARNOLD, G. ALLEN II</b>		NAME		
STREET ADDRESS	<b>3350 SAN JOSE AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CLEARWATER FL</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>PD ARNOLD, G ALLEN</b>		NAME		
STREET ADDRESS	<b>3350 SAN JOSE AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CLEARWATER FL</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		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Betty Arnold V.P.** **4/30/02** **727-733-4196**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)