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2000 ÛNIFORM BU	JOINE SO HEP	OK! (ORK)	APPROVED AND	19.10
DECUMENT # 531900				, –
•		2		
COX MAIN STREET	r FLORIST, INC.		GO-JUL 28" PH 12	2:29
Principal Place of Business	· Mailing Address	<u></u>	SECRETARY OF S	PATE TO THE STATE OF THE STATE
4218 MAIN ST. 4218 MAIN ST.		ST.	TALLAHASSEE, FLO	RIDA
JACKSONVILLE, FL-32206	JACKSONVILI	E, FL. 32206		67217
<u> </u>				04711
Principal Place of Business	3. Mailing Address		7	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State	City & State	· · · · · · · · · · · · · · · · · · ·	4. FEI Number Applied For	
			59-1739080	Not Applicable
- Zip Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Cui	rent Registered Agent	Name	7. Name and Address of New Registe	red Agent
COX, L. IRENE		Name		
8829 MACARTHUR ST. JACKSONVILLE, FL 32216		Street Address	s (P.O. Box Number is Not Acceptable)	
5AGREON 1 52210	•			
t .		City	·	FL Zip Code
The above named entity submits this statement	ent for the purpose of changing i	ts registered office or regist	ered agent, or both, in the State of Florida.	
GNATURE				
Signature, typed or printed name of registered	egent and title if applicable. (NC	TE. Registered Agent argnéture requir	ed when reinstating) Di	NIE .
tThis corporation is eligible to satisfy its Intan Tax filing requirement and elects to do so.		/III FEE 18 \$150,00 == 000 Fee will be \$550.00	10. Election Campaign Financing	\$5.00 May Bo
		ble to Department of Si		LJ Added to Fees
. : OFFICERS	AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS	
ME COX, STEVE B 12531 Flynn Rd.	☐ Delete	TITLE NAME		☐ Change ☐ Addition
Jacksonville, Fl.	,	STREET ADDRESS CITY-ST-ZIP		
LE V	□ Delete	IIITE		☐ Change ☐ Addition
Pope, Sandra J. REET ADDRESS 12746 Dunn Creek	Rd.	NAME CTRCET ADDRESS	:	
Jacksonville, Fl.		STREET ADDRESS CITY-ST-ZIP		
Cox, L. Irene	☐ Delete	TITLE		☐ Change ☐ Addition
EETADORESS 8829 MacArthur Ct		"NAME STREET ADDRESS		
y-si-zip Jacksonville, Fl.		CITY-SI-ZIP		C Channe C 445 and
4E ;	☐ Celete	TITLE NAME		Change Addition
EET ADDRESS Y-ST-ZIP	•	STREET ADDRESS CITY-ST-ZIP		
E :	☐ Delete	TITLE .		Change Addition
AE EET ADDRESS		NAME STREET ADDRESS	/	10.
-ST-ZIP		CITY-ST-ZIP		
£ RE	☐ Delete	TITLE	7)	Change Dedition
EET ADDRESS		NAME STREET ADORESS	J (χ')
Y-ST-ZIP		CITY-ST-ZIP		
I hereby certify that the information supplied indicated on this report or supplemental report of the countries of the countr	XX IS true and accurate and that .	mv Sionalure shall have the	: same legal effect as if marie under gath: tha	at I am an officer or director
of the corporation of the receiver or trustee a changed, or on an attachment with an addre	ss, with all other like empowered 1	t as required by Chapter 60	r, Flurida Stalutes; and that my name appea	US IT BIOCK 11 OF BIOCK 12 II
GNATURE: Sandra J. Pop	e Sundia	LAMO	6-19-00 (9	04)354-0579



Cox Main Street Florist, Inc.

4218 MAIN STREET
JACKSONVILLE, FLORIDA 32206
PHONE 354-0579

July 24, 2000

Michelle Milligan Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

SUBJECT: COX MAIN STREET FLORIST, INC.

Ref. Number: 531900

Dear Michelle,

This is to follow up our phone conversation today.

I mailed the original annual report/uniform business report on April 4, 2000, along with a check (#9430) for \$150.00. When it didn't come back to my bank, I called and found out you had not recieved it.

You then sent another report form which I filled out and returned with check #9529 Dated June 21, 2000. Unfortunately I neglected to put the letter I enclosed with it to your attention, therefore I am sending this letter of explanation to your attention.

Thank you for your time and courtesy in helping me resolve this.

Sandra J. Pope-Pritchett