

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90844 049 ***150.00

DOCUMENT # 587312

1. Entity Name
DOSS FLOWER & GIFT SHOP, INC.



Principal Place of Business
**111 W. BADCOCK BLVD.
P.O. BOX 282
MULBERRY FL 33860**

Mailing Address
**111 W. BADCOCK BLVD.
P.O. BOX 282
MULBERRY FL 33860**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33860

FL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1852576**

☒ 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

**HEIM, KATRINA B.
102 NE 9 ST.
MULBERRY FL 33860**

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

SIGNATURE: *Eva E. Duke*

2/28/03

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	DUKE, EVA E.	
STREET ADDRESS	1223 PASTEUR ROAD	
CITY-ST-ZIP	BARTOW FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HEIM, KATRINA B.	
STREET ADDRESS	102 NE 9TH ST.	
CITY-ST-ZIP	MULBERRY FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HEIM, WILLIAM E., SR.	
STREET ADDRESS	102 NE 9TH STREET	
CITY-ST-ZIP	MULBERRY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: *Eva E. Duke*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/03 **863**
425-2021
Date Daytime Phone #

CR2E034 (10/02)