

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 an
Secretary of State

02-07-2000 90064 034 ***150.00

DOCUMENT # 654743

1. Entity Name

ARTISTIC FLOWERS BY GREGORY L.CREAMER,INC.

Principal Place of Business

Mailing Address

3525-49TH STREET NORTH
ST. PETERSBURG FL 33710

3525-49TH STREET NORTH
ST. PETERSBURG FL 33710-2149

012617

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2009283

Applied
Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CREAMER, GREGORY L.
556 - 17TH AVENUE N.E.
ST. PETERSBURG FL 33704

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00
Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE P
NAME CREAMER, GREGORY L.
STREET ADDRESS 556 - 17TH AVENUE N.E.
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE ST
NAME CREAMER, BARBARA K.
STREET ADDRESS 556 - 17TH AVENUE N.E.
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE
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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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara Creamer* *Barbara Creamer* 2/2/00 (127)
521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #