

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90485 004 ***150.00

DOCUMENT # 686791

1. Entity Name

MATTERN WHOLESALE FLORISTS, INC.

Principal Place of Business

1215 ATLANTA AVE
 ORLANDO FL 32806
 US

Mailing Address

1215 ATLANTA AVE
 ORLANDO FL 32806
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2021130

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

MATTERN, LARRY
701 KENILWORTH CIRCLE
205
LAKE MARY FL 32746

Name

Larry Mattern

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

1191 PALLISTER LANE

City

HEATHROW

FL

Zip Code

32746

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, 2001 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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **MATTERN, WILLIAM**
 CITY-ST-ZIP **1215 ATLANTA AVE**
ORLANDO FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **S**
 STREET ADDRESS **MATTERN, JEAN A**
 CITY-ST-ZIP **1215 ATLANTA AVE**
ORLANDO FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **MATTERN, TINA**
 CITY-ST-ZIP **1215 ATLANTA AVE**
ORLANDO FL

TITLE ☒ Change ☐ Addition
 NAME **S**
 STREET ADDRESS **Mattern, Tina**
 CITY-ST-ZIP **1215 Atlanta Ave.**
Orlando, FL 32806

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **MATTERN, LARRY (SECOND)**
 CITY-ST-ZIP **701 KENILWORTH CIRCLE 205**
LAKE MARY FL

TITLE ☒ Change ☐ Addition
 NAME **Vice Pres. Mattern, Larry**
 STREET ADDRESS **1191 Pallister Lane**
 CITY-ST-ZIP **Heathrow FL 32746**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice Pres.

3-1-01

407-423-7033

Date

Daytime Phone # **#113**

CR2E034 (10/00)