2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 686791



FILED Jan 10, 2003 8:00 am Secretary of State

	WHOLESALE FLORISTS,	INC.		01-10-2003 90020 047 ***150.00	1
Principal Place 1215 ALTANTA I ORLANDO FL 32 US	AVE	Mailing Address 1215 ATLANTA AVE ORLANDO FL 32806 US	,	! FROM A CHIEN HOME DININ HERE SCIED HER BYON CHIEN BYON BYON BYON	1 12 1 8 1 2
2. Principal Pla	ce of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-2021130 Applied	
Zip	Country	Zip	Country	5. Certificate of Status Desired Sta	plicable al
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
			Name	Hame and Address of New Registered Agent	
MATTERN, LARRY 1191 PALLISTER LANE			Street Addres	ss (P.O. Box Number is Not Acceptable)	
HEATHROW FL 32746					
			City	FL Zip Code	
8. The above na the obligation	recentity submits this statement for is overvistered agent.	r the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and a	ccept
SIGNATURE	inclure, typed or pinted name of registered agent a	and title if applicable. (NOT	E: Registered Agent signature requi	ired when reinstating) DATE DATE	
FILE After M	NOW!!! FEE IS \$150.00) JAIL	
Make Check Pa	ay 1, 2003 Fee will be \$550.00 ayable to Florida Department of	State		9. Election Campaign Financing \$5.00 Ma Trust Fund Contribution. Added to Fe	
Make Check Pa	ayable to Florida Department of	. 1	111	Trust Fund Contribution. Added to Fe	ees
Make Check Pa	ayable to Florida Department of OFFICERS AND I	DIRECTORS	11.	Trust Fund Contribution. Added to Fe	ees
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10. TITLE DF MAME STREET ADDRESS 12	ayable to Florida Department of OFFICERS AND I	DIRECTORS	TITLE	Trust Fund Contribution. Added to Fe	ees
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indicated on this report or 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 the component of the corporation or the receiver or trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR