

2001 UNIFORM BUSINESS REPORT (UBR)

0016744 AF

DOCUMENT # A00000001156

1. Entity Name

FLORAL SOURCE, LTD.

Principal Place of Business

151 REGIONS WAY
SUITE 2C
DESTIN FL 32541

Mailing Address

151 REGIONS WAY
SUITE 2C
DESTIN FL 32541

2. Principal Place of Business

651 Don Bishop Rd.
Suite, Apt. #, etc.

3. Mailing Address

651 Don Bishop Rd.
Suite, Apt. #, etc.

City & State

Santa Rosa Beach, FL

City & State

Santa Rosa Beach, FL

Zip

32459

Country

USA

Zip

32459

Country

USA

4. FEI Number

59-3657082

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILKS, DIANE
151 REGIONS WAY
SUITE 2C
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name: Wilks, Diane
Street Address (P.O. Box Number is Not Acceptable): 651 Don Bishop Rd.
City: Santa Rosa Beach, FL Zip Code: 32459

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: *Diane Wilks*

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

(NOTE: Registered Agent signature required when reinstating)

3/31/01

DATE

9. Capital Contributions as Shown on record.

\$1,000.00

10. Amount of Capital Contributions in FLORIDA to date.

\$1,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P95000046595
NAME FOUNTAIN INVESTMENTS INC
STREET ADDRESS 151 REGIONS WAY SUITE 2C
CITY-ST-ZIP DESTIN FL 32541

13. ADDRESS CHANGES ONLY

STREET ADDRESS 651 Don Bishop Rd.
CITY-ST-ZIP Santa Rosa Beach, FL 32459

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Diane Wilks Diane Wilks 3-21-01 850-267-4949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

01 MAR 23 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)