FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed or on an attack

Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **F39805** 1. Entity Name BEST FLORAL SERVICES, INC. 04-26-2001 90210 041 ***150.00 Principal Place of Business Mailing Address 1803 78TH ST. W. 1803 78TH ST. W. **BRADENTON FL 34209 BRADENTON FL 34209** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2172641 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THOMAS, DENNIS M. Street Address (P.O. Box Number is Not Acceptable) 1803 78TH ST. W. **BRADENTON FL 34209** 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition Change NAME THOMAS, MICHAEL L NAME STREET ADDRESS P.O. BOX 603,NA STREET ADDRESS CITY-ST-ZIP ALAJUELA, COSTA RICA CITY-ST-ZIP TITLE Delete TITLE Change Addition THOMAS, BETTY ANN NAME NAME STREET ADDRESS P.O. BOX 603.NA STREET ADDRESS CITY-ST-ZIP ALAJUELA, COSTA RICA CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME THOMAS, JOHN A. NAME STREET ADDRESS P.O. BOX 603,NA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALAJUELA, COSTA RICA TITLE ☐ Delete TITLE ☐ Change Addition NAME THOMAS, DENNIS M. NAME STREET ADDRESS 1803 78TH ST. W. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL TITLE ☐ Delete TITLE Change Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 preciper 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

ſ