

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000428

1. Entity Name

CONTINENTAL WHOLESALE FLORISTS, INC.

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90073 047 ***150.00

0604990

Principal Place of Business
11122 IOTA DR.
SAN ANTONIO TX 78217

Mailing Address
11122 IOTA DR.
SAN ANTONIO TX 78217

80007154



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number **74-136077**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PAUL, HARLAN L ESQUIRE
431 E. NEW YORK AVENUE
DELAND FL 32721-2087

7. Name and Address of New Registered Agent
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, 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	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERETT, LARSON		NAME		
STREET ADDRESS	11122 IOTA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO TX 78217		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERETT, JEROME		NAME		
STREET ADDRESS	11122 IOTA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO TX 78217		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERETT, JAMES		NAME		
STREET ADDRESS	11122 IOTA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO TX 78217		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERETT, NURIA		NAME		
STREET ADDRESS	11122 IOTA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO TX 78217		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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

1/11/2001 (310) 654-6543
Date Daytime Phone #

CR2E034 (10/00)