

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90098 004 ***550.00

DOCUMENT # F960000027461. Entity Name
1-800-FLOWERS RETAIL INC.Principal Place of Business
**1600 STEWART AVE
WESTBURY NY 11590**Mailing Address
**1600 STEWART AVE
WESTBURY NY 11590**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **11-3267496**

Applied For

Not Applicable

Zip

Country

Zip

Country

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****C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **T** ☐ Delete
NAME **SHEA, WILLIAM**
STREET ADDRESS **9 LISA CT**
CITY-ST-ZIP **NESCONSET NY**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **MCCANN, CHRISTOPHER**
STREET ADDRESS **37 BALDWIN BLVD**
CITY-ST-ZIP **BAYVILLE NY 11707**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PDC** ☐ Delete
NAME **MCCANN, JAMES**
STREET ADDRESS **15 WEST DR**
CITY-ST-ZIP **PLANDONA NY**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/02

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

1-800-flowers.comSM

1678247
#96 000002746

CHECK REQUEST

800-FLOWERS

1-800 RETAIL

X

GIFTHOUSE

CONROY'S

GENERAL AD FUND

LOCAL AD FUND

PAYEE: UNIFORM BUSINESS REPORT
DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

DATE: 8/5/02 1080502

AMOUNT: \$ 550.00

DESCRIPTION: UNIFORM BUSINESS REPORT (FL)

AMM

SEP 10 2002 B

REQUESTED BY: SCOTT ARCHILA

AUTHORIZED: 

VENDOR #

G/L ACCT # 10.76055.1/0.07005.000.0000.0000

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