FILED 2001 UNIFORM BUSINESS REPORT (UBR) Aug 13, 2001 8:00 am Secretary of State DOCUMENT # G65516 1. Entity Name THE PAVILION FLOWER SHOP, INC. 08-13-2001 90005 031 ***550.00 Principal Place of Business Mailing Address * LEONARD T. KEMP 891 VANDERBILT RD. % LEONARD T. KEMP 891 VANDERBILT RD. NAPLES FL 33941 NAPLES FL 33941 2. Principal Place of Business. 3. Mailing Address Trail N 506 Tamiami Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2343220 Venles Not Applicable 34108 Country 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 KEMP, LEONARD T. Street Address (P.O. Box Number is Not Acceptable) 506 9TH STREET N. NAPLES FL 33940 8. Fine 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 re, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Addition KEMP, LEONARD T. NAME NAME STREET ADDRESS STREET ADDRESS 506 9TH STREET N. CITY-ST-ZIP NAPLES FL CITY-ST-ZIP Secy, Treasurer TITLE DT □ Delete TITLE Change ☐ Addition NAME MOORE, VALERIE I. NAME STREET ADDRESS 506 9TH STREET N. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL TITLE ☐ Delete TITLE Change ☐ Addition NAME PLATT, ROBERTA NAME STREET ADDRESS 506 9TH STREET N STREET ADDRESS NAPLES FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITL P ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ 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 repeiver 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 attackment with an address, with all place like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

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