

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H52978**

1. Entity Name

**MAITLAND FLORIST SHOP, INC.**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90040 032 \*\*\*150.00

**752425**



DO NOT WRITE IN THESE SPACES

|                                                                             |         |                                                                 |         |
|-----------------------------------------------------------------------------|---------|-----------------------------------------------------------------|---------|
| Principal Place of Business<br><b>5900 N DEAN ROAD<br/>ORLANDO FL 32817</b> |         | Mailing Address<br><b>5900 N DEAN ROAD<br/>ORLANDO FL 32817</b> |         |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                       |         | 3. Mailing Address<br>Suite, Apt. #, etc.                       |         |
| City & State                                                                |         | City & State                                                    |         |
| Zip                                                                         | Country | Zip                                                             | Country |

|                                    |                                                                                     |
|------------------------------------|-------------------------------------------------------------------------------------|
| 4. FFI Number<br><b>59-2518458</b> | <input type="checkbox"/> Application for<br><input type="checkbox"/> Not Applicable |
|------------------------------------|-------------------------------------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>TASMAN, RACI<br/>5900 DEAN RD<br/><del>SUITE 100</del><br/>ORLANDO FL 32817</b> |
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|-----------------------------------------------------------------------------------------------------------------------------------|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br>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 the Principal) (Typed Registered Agent's name and address where not stated) DATE

|                                                                                                                                                       |                                                                                                                                         |                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| 9. If a corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$350.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|

| 11. OFFICERS AND DIRECTORS                        |                                                                                            | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2001 |                                                                   |
|---------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <b>D<br/>TASMAN, RACI<br/>5900 DEAN RD.<br/>ORLANDO FL</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: **4/30/01** **401-781-2000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing

CR2E034 (10/00)