2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H65925

1. Entity Name

BOAT BLOSSUMS WHOLESALE FLORISTS, INC.



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90115 018 ***150.00

| Notice Place of Business Soci GRIFFIA PO PORT LAUDERDALE R. 33012 2. Principal Place of Business Suite, Apri. 4, 500. 2. Suite, Apri. 4, 500. 2. Country 2. D Country 3. Suite, Apri. 4, 500. 2. Principal Place of Business Suite, Apri. 4, 500. 2. Principal Place of Business Suite, Apri. 4, 500. 2. Principal Place of Business Suite, Apri. 4, 500. 2. Principal Place of Business Suite, Apri. 4, 500. 2. Principal Place of Business Suite, Apri. 4, 500. 2. Principal Place of Business Suite, Apri. 4, 500. 2. Principal Place of Business Suite, Apri. 4, 500. 3. Certification of Suite Desired 3. 75 Autorition of Suite Desired 4. FEI Number 69-2551972 2. Provide April Apri | BOAT BEOSOONO WHOLESALE TEOTHOTO, INC. | | | | / | | |
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| Suite, Apt. #, otc. Applied for Not Applicable Not Appl | | <u>=</u> | | | | | |
| City & State Country Country S. Certificate of Status Desired State Address of New Registrated Agent Name HOFFMAN, LYNN R 17 SE 11 AVENUE FORT LAUDERDALE FL 33301 City FL Zip Code S. The above named entity submits the statement for the purpose of changing its registered difficate or registered agent, or both, in the State of Florida. I arm familiar with, and accept the collegations of registered agent. SIGNATURE SIGNATURE STEP NOWILL, FEEL IS \$150.00. After May, 1,000 Fee with the SS50.00 Make Check Payable to Florida Department of State OFFICURS AND DIRECTORS 11. ADDITIONS/CHANGES (O OFFICERS AND DIRECTORS IN 1) THE NOW MAY, 1,000 Fee with the SS50.00 Make Check Payable to Florida Department of State OFFICURS AND DIRECTORS 11. ADDITIONS/CHANGES (O OFFICERS AND DIRECTORS IN 1) THE NOW MAY AND THE NOW | 2. Principal Pl | ace of Business | 3. Mailing Address | | | 8)8 8 8 8 8 8 8 3 8 1 3 | |
| Delete D | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | CHECK HERE IF MAKING CHANGES | | |
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| changed, or on an attachment with an address, with all other like empowered. R. LYNN HOFFMAN | indicated | on this report or supplemental rep | ort is true and accurate and that empowered to execute this repor | my signature shall have that as required by Chapter 6 | re came feual effect as it made fillutet daill. Ibai | Fram an officer or director (| |