2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **H78536** May 17, 2000 8:00 am 1. Entity Name Secretary of State ABERCROMBIE'S FLOWER MARKET, INC. 05-17-2000 90938 049 ***150.00 Mailing Address Principal Place of Business 1604 DUNDEE RD 1604 DUNDEE RD WINTER HAVEN FL 33884-1015 WINTER HAVEN FL 33884 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2614654 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ABERCROMBIE, JUANITA D. Street Address (P.O. Box Number is Not Acceptable) 3800 COUNTRY CLUB RD WINTER HAVEN 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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 MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Abercrombie, Dallas F. Change . ☐ Addition Delete TITLE TITLE 3800 Country Club Rd ABERCROMBIE, DALLAS F. NAME NAME STREET ADDRESS STREET ADDRESS 3800 COUNTRY CLUB RD Winter Haven FL CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL Abercrombie, Greg A. 807 are F NE ☐ Change Addition ☐ Delete TITLE ABERCROMBIE, JUANITA D. NAME STREET ADDRESS 3800 COUNTRY CLUB RD Winter Haven-F- -STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WINTER HAVEN FL Abercrombie, Juanita 3800 County Club Rd Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS М٧ STREET ADDRESS Winter Haven CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME 'F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST 7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 attackment with an address, with all other like empowered.

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

Changed, or on an attacking with an address with all orion like empowered.

28-00 813 293-175

Date Date Dayline Phone #