

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90072 032 \*\*\*150.00

**DOCUMENT # H78536**

1. Entity Name  
**ABERCROMBIE'S FLOWER MARKET, INC.**

Principal Place of Business <b>1604 DUNDEE RD          WINTER HAVEN FL 33884</b>	Mailing Address <b>1604 DUNDEE RD          WINTER HAVEN FL 33884</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-2614654</b>	Applied For <input type="checkbox"/> Not Applicable
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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**

**ABERCROMBIE, JUANITA D.  
 3800 COUNTRY CLUB RD  
 WINTER HAVEN FL**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 \_\_\_\_\_ (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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	ST ABERCROMBIE, DALLAS F. 3800 COUNTRY CLUB RD WINTER HAVEN FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Abercrombie, Dallas F. 6899 N. Scenic Hwy Lake Wales, FL 33853	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABERCROMBIE, JUANITA D. 3800 COUNTRY CLUB RD WINTER HAVEN FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Abercrombie, Gregory A. 807 Ave F NE Winter Haven, FL 33884	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MV ABERCROMBIE, JUANITA 3800 COUNTRY CLUB RD WINTERHAVEN FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MV Abercrombie, Juanita D. 6899 N. Scenic Hwy. Lake Wales, FL 33853	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-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 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: Juanita D Abercrombie Juanita D. Abercrombie 4-27-02  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone  
 863 439-4051

CR2E034 (10/00)