

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 07, 2000 8:00 am  
Secretary of State

04-07-2000 90051 034 \*\*\*150.00

DOCUMENT # H88717

1. Entity Name

FLOWER ODESSEY, INC.

Principal Place of Business

Mailing Address

~~4030 N.E. 16TH TERRACE  
FT. LAUDERDALE FL 33334~~

~~4030 N.E. 16TH TERRACE  
FT. LAUDERDALE FL 33334~~

505-B So Cypress Rd, Pompano Bch, Fla 33306  
505-B So Cypress Rd, Pompano Bch, Fla 33306

C0054567



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2611164

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BROWN, BARBARA M.  
4030 N.E. 16TH TERRACE  
FT. LAUDERDALE FL 33334

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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.

(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, 2000 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 PDS  
NAME BROWN, BARBARA M.  
STREET ADDRESS 4030 N.E. 16TH TERR.  
CITY-ST-ZIP FT. LAUDERDALE FL 33334 ☒ Delete

TITLE PDS  
NAME BARBARA M. BROWN  
STREET ADDRESS 4030 N.E. 16TH TERR.  
CITY-ST-ZIP FT. LAUDERDALE FL 33334 ☒ Change ☐ Addition

TITLE V  
NAME STEEVES, CRAIG H.  
STREET ADDRESS 3771 NE 15 TERRACE  
CITY-ST-ZIP POMPANO BCH FL ☒ Delete

TITLE V  
NAME GUILIO RUBINETTI  
STREET ADDRESS 777 So 7th Hwy #303M  
CITY-ST-ZIP Pompano Bch FL 33062 ☒ Change ☐ Addition

TITLE T  
NAME STEEVES, BARBARA M.  
STREET ADDRESS 3771 NE 15 TERRACE  
CITY-ST-ZIP POMPANO BCH FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

*B.M. Brown*  
B.M. BROWN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

403-00 954781-6696

CR2E034 (9/99)