

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90230 042 ***150.00

DOCUMENT # H90994

1. Entity Name
FLOWERS BY LOUISE, INC.

Principal Place of Business

11454 US 1
PALM BCH GARDENS FL 33410
US

Mailing Address

11454 US 1
PALM BCH GARDENS FL 33410
US

2. Principal Place of Business

11253 U.S. HWY. ONE
Suite, Apt. #, etc.

3. Mailing Address

11253 U.S. HWY ONE
Suite, Apt. #, etc.

City & State

NORTH PALM BEACH, FL.

City & State

NORTH PALM BEACH, FL.

Zip

33408

Country

Zip

33408

Country

4. FEI Number

59-2629014

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EMMERSI, PAULA A.
11454 US HWY 1
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

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

11253 U.S. HWY ONE

City

NORTH PALM BEACH

FL

Zip Code

33408

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, 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

TITLE PD
NAME ~~EMMERSI, PAULA A.~~
STREET ADDRESS ~~11454 US 1~~
CITY-ST-ZIP ~~PALM BEACH GARDENS FL~~

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME BATES, PAULA A.
STREET ADDRESS 11253 U.S. HWY ONE
CITY-ST-ZIP NORTH PALM BEACH, FL. 33408

TITLE
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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:

Paula A. Bates
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-01
Date

5616262111
Daytime Phone #

CR2E034 (10/00)