

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H92878

1. Entity Name

ZAHN'S FLOWERS, INC.

Principal Place of Business

240 SOUTH PALMETTO AVE.  
DAYTONA BCH. FL 32114-4314

Mailing Address

240 SOUTH PALMETTO AVE.  
DAYTONA BCH. FL 32114-4314

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2638943

Applied For

Not Applicable

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

VOESTLE, EMILY PATE  
492 WILTSHIRE BLVD  
PORT ORANGE FL 32127

Name Emily Voegtle

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

965 Sevilla Ave

City Lake Helen

FL

Zip Code 32744

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME VOEGTLE, EMILY PATE ☐ Delete  
STREET ADDRESS 965 SEVILLA AVE  
CITY-ST-ZIP LAKE HELEN FL 32744

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

TITLE V  
NAME VOEGTLE, JAMES WILLIAM ☐ Delete  
STREET ADDRESS 965 SEVILLA AVE  
CITY-ST-ZIP LAKE HELEN FL 32744

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

TITLE TS  
NAME WALKER, ANJURANT ☐ Delete  
STREET ADDRESS 121 MASON PARK DR  
CITY-ST-ZIP HOLLY HILL FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: Emily Voegtle

Emily Voegtle - President 1/25/01 (909) 252-3615

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0005142

FILED  
Feb 01, 2001 8:00 am  
Secretary of State

02-01-2001 90092 004 \*\*\*150.00

00014547



DO NOT WRITE IN THIS SPACE