## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

J05425 DOCUMENT #

1. Entity Name

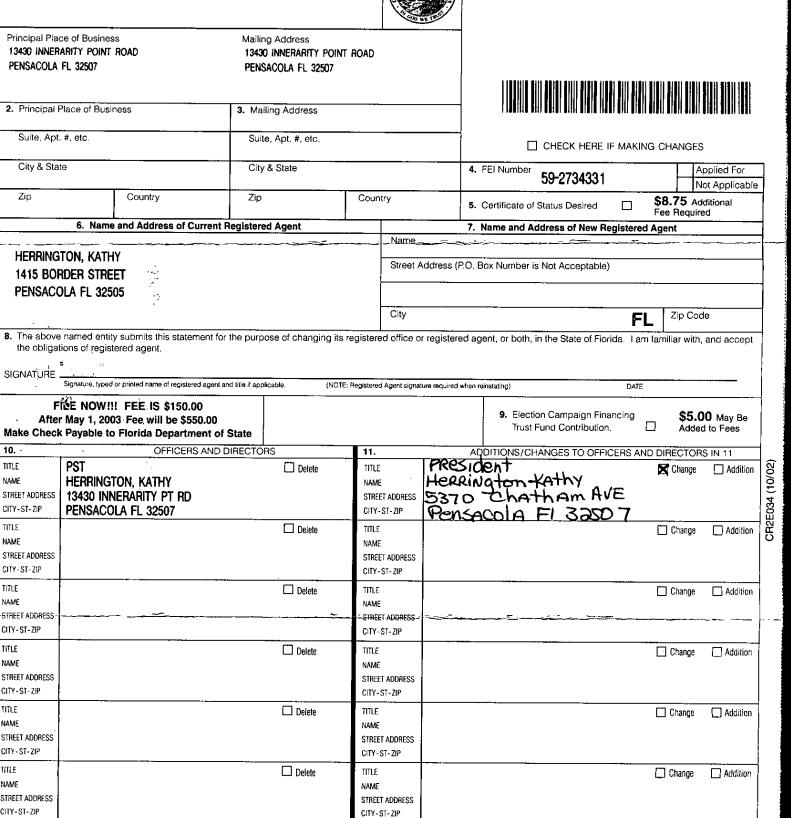
PERDIDO FLORIST, INC.

of the corporation or the changed, or on an attach

SIGNATURE

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12. 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 employered to execute this receiver as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90196 032 \*\*\*150.00

Daytime Phone #