

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J16084

1. Entity Name
TIPTON'S FLORIST AND GREENHOUSE, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90227 045 ***150.00

Principal Place of Business Mailing Address
1001 W CANAL ST 1001 W CANAL ST
NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 32168-6942

80031106



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2685070		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
GILLISPIE, W M 233 N. CAUSEWAY NEW SMYRNA BEACH FL 32168				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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) <input type="checkbox"/>		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 <input type="checkbox"/> \$5.00 May Be Added to Fees	
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JANES, EDNA M.			NAME			
STREET ADDRESS	312 ROSLYN AVE.			STREET ADDRESS	2903 LIME TREE DR		
CITY-ST-ZIP	NEW SMYRNA BEACH FL			CITY-ST-ZIP	EDGEWATER, FL 32141		
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JANES, RICHARD D.			NAME			
STREET ADDRESS	312 ROSLYN AVE.			STREET ADDRESS	2903 LIME TREE DR		
CITY-ST-ZIP	NEW SMYRNA BEACH FL			CITY-ST-ZIP	EDGEWATER, FL 32141		
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEREZ-LUGONES, MARTHA			NAME			
STREET ADDRESS	19 JOSEPH RD			STREET ADDRESS	1273 HADA COURT		
CITY-ST-ZIP	MILFORD MA			CITY-ST-ZIP	LAWRENCEVILLE, GA 30043		
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JANES, EDITH			NAME	ROBERTS, EDITH		
STREET ADDRESS	3332 LIME TREE DR			STREET ADDRESS			
CITY-ST-ZIP	EDGEWATER FL 32141			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Edith M Roberts EDITH M ROBERTS 2/24/00 (904) 428-2445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)