

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J51454

1. Entity Name

INTERNATIONAL FLOWER MARKET, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90103 011 ***150.00

Principal Place of Business

C/O JAMES F. NEAL
4431 OCEAN BLVD.
SARASOTA FL 34242-1316

Mailing Address

C/O JAMES F. NEAL
4431 OCEAN BLVD.
SARASOTA FL 34242-1316

2. Principal Place of Business

599 N Line Av.
Suite, Apt. #, etc.

3. Mailing Address

599 N. Line Av.
Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

65-0025445

Applied For

Not Applicable

Zip

34237

Country

SARASOTA

Zip

34237

Country

SARASOTA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEAL, JAMES F.
4431 OCEAN BLVD.
SARASOTA FL 33581

7. Name and Address of New Registered Agent

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

TITLE D
NAME NEAL, JAMES F.
STREET ADDRESS 4431 OCEAN BLVD.
CITY-ST-ZIP SARASOTA FL

☐ Delete

TITLE D
NAME CARTER, RON
STREET ADDRESS 4431 OCEAN BLVD.
CITY-ST-ZIP SARASOTA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME NEAL, JAMES F.
STREET ADDRESS 3824 GLEN OAKS MANOR DR.
CITY-ST-ZIP SARASOTA FL 34237

☒ Change ☐ Addition

TITLE
NAME CARTER, RON
STREET ADDRESS 3824 GLEN OAKS MANOR DR.
CITY-ST-ZIP SARASOTA FL 34237

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)