

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 200000008951

1. Entity Name

ORCHIDS L.L.C.
d/B/A Flowers

Principal Place of Business

Mailing Address

5148 Ocean Blvd
SARASOTA, FL, 34242

5148 Ocean Blvd.
SARASOTA, FL, 34242

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 65-1030133

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Lois M. Hektor
5148 Ocean Blvd.
SARASOTA, FL, 34242

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

Lois M. Hektor, Managing Member

04/30/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
managing member
Lois M. Hektor, P.S.T.
5148 Ocean Blvd.
SARASOTA, FL, 34242 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
member - U-P
William C. Bottack
5148 Ocean Blvd.
SARASOTA, FL, 34242 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Lois Marie Hektor

Lois Marie Hektor

Date

04/30/01

Daytime Phone #

941-349-9800

CR2E083 (11/99)