

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90204 046 ****50.00

DOCUMENT # L01000009274

1. Entity Name
GIBSONIA FLOWER SHOP, LLC

Principal Place of Business Mailing Address
935 GIBSONIA-GALLOWAY ROAD 935 GIBSONIA-GALLOWAY ROAD
LAKELAND FL 33809 LAKELAND FL 33809

2. Principal Place of Business 3. Mailing Address
935 Gibsonia-Galloway Same
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Lakeland FL Lakeland FL
 Zip Country Zip Country
33809 USA 33809 USA

4. EEL Number Applied For
59-3128156 Not Applicable
 5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KENNEDY, JAMES K III
401 E. JACKSON STREET, SUITE 2500
TAMPA FL 33602

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	President	<input type="checkbox"/> Delete
NAME	Marilyn C. Sorah	
STREET ADDRESS	P.O. Box 2334	
CITY-ST-ZIP	Plant City, FL 33564	
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	Diane Heth	
STREET ADDRESS	2701 Kala Lane	
CITY-ST-ZIP	Plant City, FL 33565	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Kenneth W. Sorah	
STREET ADDRESS	P.O. Box 2334	
CITY-ST-ZIP	Plant City, FL 33564	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	John Heth	
STREET ADDRESS	2701 Kala Lane	
CITY-ST-ZIP	Plant City, FL 33565	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Marilyn C. Sorah

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

May 2, 2002 (813) 858-5314

Date

Daytime Phone #

CR2E083 (9/01)