

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000009274

1. Entity Name

GIBSONIA FLOWER SHOP, LLC

Principal Place of Business

935 GIBSONIA-GALLOWAY ROAD  
LAKELAND FL 33809

Mailing Address

935 GIBSONIA-GALLOWAY ROAD  
LAKELAND FL 33809

2. Principal Place of Business

935 Gibsonia-Galloway

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Lakeland FL

Zip

33809

Zip

33809

Country

USA

4. EIN Number

59-3123156

Applied For

Not Applicable

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

10.

ADDITIONS/CHANGES

TITLE President  
NAME Marilyn C. Sorah  
STREET ADDRESS P.O. Box 2334  
CITY-ST-ZIP Plant City, FL 33564

Delete

Change  Addition

TITLE Vice-President  
NAME Diane Heth  
STREET ADDRESS 2701 Kala Lane  
CITY-ST-ZIP Plant City, FL 33565

Delete

Change  Addition

TITLE Treasurer  
NAME Kenneth W. Sorah  
STREET ADDRESS P.O. Box 2334  
CITY-ST-ZIP Plant City, FL 33564

Delete

Change  Addition

TITLE Secretary  
NAME John Heth  
STREET ADDRESS 2701 Kala Lane  
CITY-ST-ZIP Plant City, FL 33565

Delete

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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:

Marilyn C. Sorah

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

May 2, 2002 (863) 858-5314

Daytime Phone #

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

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



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)