

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91596 021 ****50.00

DOCUMENT # L01000011491

1. Entity Name
LAKE CITY FLORIST & DESIGN, L.L.C.

Principal Place of Business
**328 SE HERNANDO AVENUE
 LAKE CITY FL 32025**

Mailing Address
**328 SE HERNANDO AVENUE
 LAKE CITY FL 32025**

2. Principal Place of Business
796 West Duval
 Suite, Apt. #, etc.

3. Mailing Address
796 West Duval
 Suite, Apt. #, etc.

City & State
Lake City, FL
 Zip Country
32038 USA

City & State
Lake City, FL
 Zip Country
32038 USA

4. FEI Number
59-3732184
 Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**STEEDLEY, MARIE H
 ROUTE 4, BOX 4630
 FORT WHITE FL 32038**

7. Name and Address of New Registered Agent

Name
Marie Steedley
 Street Address (P.O. Box Number is Not Acceptable)
13356 SW 3R 47
 City
Ft. White, FL Zip Code
32038

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 **Marie Steedley** **5/23/02**
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 NAME STREET ADDRESS CITY-ST-ZIP | MGR STEEDLEY, MARIE H ROUTE 4, BOX 4630 FORT WHITE FL 32038 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR STEEDLEY, SHAWN N ROUTE 4, BOX 4621 FORT WHITE FL 32038 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: **Marie Steedley**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/23/02 386-755-8798
Date Daytime Phone #

CR2E083 (9/01)