

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

04-02-2002 90939 044 ****55.00

DOCUMENT # L01000018538

1. Entity Name

SWF HOLDINGS, LLC

Principal Place of Business

**7382 CHANCELLOR DR.
 ORLANDO FL 32809**

Mailing Address

**7382 CHANCELLOR DR.
 ORLANDO FL 32809**

2. Principal Place of Business

2424 ORLANDO CENTRAL PKWY

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORLANDO, FL 32809

City & State

ORLANDO, FL 32809

Zip

32809

Country

USA

Zip

32809

Country

USA

4. FEI Number

59-3142333

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

KELLY, BRETT

**7382 CHANCELLOR DR.
 ORLANDO FL 32809**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2424 ORLANDO CENTRAL PKWY

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☒ Addition

**STEMS WHOLESALE FLOWERS INC
 (SOLE MEMBER)
 2424 ORLANDO CENTRAL PKWY
 ORLANDO, FL 32809**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

**BRETT A KELLY
 PRESIDENT**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☒ Addition

**BRETT A KELLY
 2424 ORLANDO CENTRAL PKWY
 ORLANDO, FL 32809**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

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:

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

3/14/02

Date

407-855-1400

Daytime Phone #

CR2E083 (9/01)