

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 26, 2003 8:00 am**  
**Secretary of State**

08-13-2003 90049 003 \*\*\*\*\*50.00

**DOCUMENT # L03000000195**

1. Entity Name

**ELEGANTFLOWER.COM, LLC**



Principal Place of Business

**4369 BOAT CLUB DRIVE  
JACKSONVILLE FL 32277**

Mailing Address

**4369 BOAT CLUB DRIVE  
JACKSONVILLE FL 32277**

**55055047**

2. Principal Place of Business

**1205 N University Blvd**  
Suite, Apt. #, etc.

3. Mailing Address

**1205 N University Blvd**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**Jacksonville FL**

City & State

**Jacksonville FL**

4. FEI Number

**22-3888881**

Applied For

Not Applicable

Zip

Country

**32211**

Zip

Country

**32211**

5. Certificate of Status Desired

☐ **\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**NGUYEN, PHUONGANH-T  
4369 BOAT CLUB DRIVE  
JACKSONVILLE FL 32277**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State  
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO PHUONGANH NGUYEN 1205 N University Blvd JACKSONVILLE FL 32211</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO HONGVAN NGUYEN 1205 N. University Blvd JACKSONVILLE, FL 32211</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR LIEM NGUYEN 1205 N. University Blvd JACKSONVILLE FL 32211</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED**  
**PHUONGANH NGUYEN**

**8/11/03**

**904-744-9848**

Date

Daytime Phone #

CR2E083 (4/03)