

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L12916

1. Entity Name

BEV'S DOWNTOWN FLORIST, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90017 029 \*\*\*150.00

Principal Place of Business

Mailing Address

528 12TH ST N.  
308 13TH STREET WEST  
BRADENTON FL 34205  
US

%DAVID W. WILCOX. ESQ.  
308 13TH STREET WEST  
BRADENTON FL 34205-7538

2. Principal Place of Business

3. Mailing Address

528 12TH ST W

528 12th ST W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON, FL

City & State

BRADENTON, FL

4. FEI Number

59-2971018

Applied For

Not Applicable

Zip

34205

Country

MANATEE

Zip

34205

Country

MANATEE

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILCOX, DAVID W.  
308 13TH STREET WEST  
BRADENTON FL 34205

Name  
ODD GUSTAVSEN

Street Address (P.O. Box Number is Not Acceptable)  
528 OLD MAIN STREET

City  
BRADENTON

FL

Zip Code  
34205

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 ODD GUSTAVSEN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDST ☒ Delete  
NAME GUSTAVSEN, JOANNE  
STREET ADDRESS 528 12TH STREET WEST  
CITY-ST-ZIP BRADENTON FL

TITLE PDST ☐ Change ☒ Addition  
NAME GUSTAVSEN, ODD  
STREET ADDRESS 528 OLD MAIN STREET  
CITY-ST-ZIP BRADENTON, FL 34205

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with another like empowered.

SIGNATURE:

ODD GUSTAVSEN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-00

Date

941-746-6040

Daytime Phone #

CR2E034 (9/99)