

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004471

1. Entity Name

Flower Children of Naples, L.L.C.

Principal Place of Business

Mailing Address

1750 J+C Blvd., #8
Naples, FL 34109

2. Principal Place of Business

3. Mailing Address

1750 J+C Blvd.

1750 J+C Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#8

#8

City & State

City & State

Naples, FL

Naples, FL

Zip

Country

Zip

Country

34109

USA

34109

USA

4. FEI Number

59-3624620

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 JUN 21 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Kim Pappalardo
1750 J+C Blvd. #8
Naples, FL 34109 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Joseph Pappalardo
1750 J+C Blvd. #8
Naples, FL 34109 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3000044511778 ☐ Change ☐ Addition
-06/29/01--01016--008
*****50.00 *****50.00

TITLE
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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: Kim L. Pappalardo, Kim L. Pappalardo 4/30/01 941-513-0522

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

Date

Daytime Phone #

CR2E083 (11/00)