

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003379

1. Entity Name

CONSIDER THE LILIES OF THE PALM BEACHES, INC.

Principal Place of Business

1064 THE POINTE DR.
WEST PALM BEACH FL 33409
US

Mailing Address

1064 THE POINTE DR.
WEST PALM BEACH FL 33409
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0641513

Applied For

Not Applicable

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

PORRO, HILDA M
12769 W FOREST HILL BLVD., STE E
WELLINGTON FL 33414

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME STEVENS, TAYLOR
STREET ADDRESS 1064 THE POINTE DR
CITY-ST-ZIP WEST PALM BEACH FL 33409

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

TITLE STD ☐ Delete
NAME HODGE, DONNA
STREET ADDRESS 10 NE 11TH ST
CITY-ST-ZIP DELRAY FL 33444

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

TITLE VD ☐ Delete
NAME LESLEIGH, LATCHAM
STREET ADDRESS 5203 GLENMOOR DR
CITY-ST-ZIP WEST PALM BEACH FL 33409

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

TITLE T ☐ Delete
NAME OWNBY, MARY
STREET ADDRESS 105 PARADISE HBR BLVD 108
CITY-ST-ZIP NORTH PALM BEACH FL 33408

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

TITLE T ☐ Delete
NAME DUMONT, KAREN
STREET ADDRESS 5200 N OCEAN DR
CITY-ST-ZIP SINGER ISLAND FL 33404

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

TITLE T ☐ Delete
NAME MORANO, TONY
STREET ADDRESS 6643 66TH WAY
CITY-ST-ZIP WEST PALM BEACH FL 33409

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Registered Agent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90139 006 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)