

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90106 047 ****61.25

DOCUMENT # N98000005518

1. Entity Name

SHOWERS TO SUNFLOWERS, INC.

Principal Place of Business

3407 GLORY ROAD
QUINCY FL 32353

Mailing Address

P O BOX 1461
QUINCY FL 32353

00047293



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HOLLOMAN, TOMMISENIA W
1605 W ELM ST
QUINCY FL 32353

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 HOLLOMAN, TOMMISENIA W
STREET ADDRESS 1605 W. ELM STREET
CITY-ST-ZIP QUINCY FL 32351

TITLE D ☐ Change ☒ Addition
NAME Elias, Rayfield
STREET ADDRESS 440 Circle Drive
CITY-ST-ZIP Quincy, FL 32351

TITLE D ☐ Delete
NAME WATSON, TERRELL
STREET ADDRESS 1605 W. ELM STREET
CITY-ST-ZIP QUINCY FL 32351

TITLE D ☐ Change ☒ Addition
NAME Watson, Maggie
STREET ADDRESS 516 Thomas Street
CITY-ST-ZIP Quincy, FL 32351

TITLE SD ☐ Delete
NAME BELL, ETHEL L
STREET ADDRESS 206 VALLEY DRIVE
CITY-ST-ZIP QUINCY FL 32351

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

TITLE D ☐ Delete
NAME COWARD, ANNIE D
STREET ADDRESS 651 SOUTH 9TH STREET
CITY-ST-ZIP QUINCY FL 32351

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

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
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: Tommisenia W. Holloman

President

856-5798

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)