

2002 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HOLLOMAN, TOMMISENIA W
1605 W ELM ST
QUINCY FL 32353

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 \$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

TITLE PD
NAME HOLLOMAN, TOMMISENIA W
STREET ADDRESS 1605 W. ELM STREET
CITY-ST-ZIP QUINCY FL 32351 ☐ Delete

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

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

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

TITLE D
NAME ELIAS, RAYFIELD
STREET ADDRESS 440 CIRCLE DR
CITY-ST-ZIP QUINCY FL 32351 ☐ Delete

TITLE D
NAME WATSON, MAGGIE
STREET ADDRESS 516 THOMAS ST
CITY-ST-ZIP QUINCY FL 32351 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02 850-856-5798
Date Daytime Phone #

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90098 041 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE ☐ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

CR2E037 (9/01)