2000 UNIFORM BUSINESS REPORT (UBR)

8

FILED
Sep 12, 2000 8:00 am
Secretary of State
08-30-2000 90004 017 ***550.00

DOCUMENT # P00000000967

1. Entity Name
THE COLORFUL FLORIST INC.

Principal Place of Business	Mailing Address
2302 MAPLEWOOD DRIVE WEST PALM BEACH FL 33415	2302 MAPLEWOOD DRIVE WEST PALM BEACH FL 33415

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
660 Linton Blvd	660 Linton Blvd
Suite, Apt. #, etc. 101C	Suite, Apt. #, etc. 101C
City & State Delray Beach, FL	City & State Delray Beach, FL
Zip 33444 / Country USA	Zip 33444 / Country USA

4. FEI Number 65-0969815 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WALLAS, JAMES P
2302 MAPLEWOOD DRIVE
WEST PALM BEACH FL 33415

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 James P. Wallas Pres — Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — 8-24-00 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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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	Pres	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	James P Wallas		NAME		
STREET ADDRESS	2302 Maplewood Dr		STREET ADDRESS		
CITY-ST-ZIP	W. Palm Beach, FL 33415		CITY-ST-ZIP		
TITLE	Sec Treas	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Pearl Wallas		NAME		
STREET ADDRESS	2302 Maplewood Dr		STREET ADDRESS		
CITY-ST-ZIP	W. Palm Beach, FL 33415		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (5/00)

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 all other like empowered.

SIGNATURE: James P. Wallas — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 8-24-00 Date — 561 2799626 Daytime Phone #