

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90122 036 ***150.00

0197651 AV

DOCUMENT # P00000002041

1. Entity Name
FLORALPLANET.COM, INC.



Principal Place of Business
**590 SW 9TH TERR., #4
POMPANO BCH FL 33069**

Mailing Address
**590 SW 9TH TERR., #4
POMPANO BCH FL 33069**

11029064



2. Principal Place of Business
5460 N. STATE Road 7

3. Mailing Address
Suite, Apt. #, etc.
220 D

CHECK HERE IF MAKING CHANGES

City & State
FT. LAUDERDALE, FL

City & State
Zip
33319 Country
USA

4. FEI Number **65-1109246**

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**TARTUS, BRYAN
590 SW 9TH TERR., #4
POMPANO BCH FL 33069**

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

7. Name and Address of New Registered Agent
Name
Bryan S. TARTUS
Street Address (P.O. Box Number is Not Acceptable)
5460 N. STATE Road 7 # 220D
City **FT. LAUDERDALE** FL Zip Code **33319**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Bryan S. Tartus** DATE **4/11/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TARTUS, BRYAN 590 SW 9TH TERR., #4 POMPANO BCH FL 33069 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO Bryan TARTUS 5460 N. STATE Road 7 #220D FT. LAUDERDALE, FL 33319 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 607, 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: **Bryan S. Tartus** DATE **4/11/03** DAYTIME PHONE # **954-782-7484**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2034 (10/02)