

**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

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**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

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

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

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	<b>D</b> <b>TARTUS, BRYAN</b> <b>590 SW 9TH TERR., #4</b> <b>POMPANO BCH FL 33069</b>	<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	<b>CEO</b> <b>Bryan TARTUS</b> <b>5460 N. STATE Road 7 #220D</b> <b>FT. Lauderdale, FL 33319</b>	<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)