

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90073 009 ***150.00

DOCUMENT # P00000009601

1. Entity Name
ROSES TO YOU, INC.

Principal Place of Business

Mailing Address

**7540 COUNTRYARD RUN E
 BOCA RATON FL 33433**

**7540 COUNTRYARD RUN E
 BOCA RATON FL 33433**

2. Principal Place of Business

1935 MEARS PKWY

3. Mailing Address

P.O. BOX 19889

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MARGATE, FL

City & State
JACKSONVILLE, FL

4. FEI Number
65-1023342

Applied For
 Not Applicable

Zip
33063

Country
USA

Zip
32245

Country
USA

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

**STONE, DAVID
 7540 COUNTRYARD RUN E
 BOCA RATON FL 33433**

Name
STONE, DAVID

Street Address (P.O. Box Number is Not Acceptable)

1935 MEARS PARKWAY

City
MARGATE FL

Zip Code
33063

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 **PRESIDENT**

5/17/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **STONE, DAVID**
 CITY-ST-ZIP **7540 COUNTRYARD RUN E
 BOCA RATON FL 33433**

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **STONE, DAVID**
 CITY-ST-ZIP **1935 MEARS PKWY.
 MARGATE, FL 33063**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01
 Date

954-931-7183
 Daytime Phone #

CR2E034 (9/01)