2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000009734 DOCUMENT #

1. Entity Name

BLOSSOM WORLD BROMELIADS, INC.



FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90802 002 ***150.00

0	

Phricipal Phace of Business Making Address					•			7			
Suite, Apt. #, etc. Suite, Apt. #, etc. Check Here if Making Changes Applied For Child State Country Zip Country S. Certificate of Statum Desired S8.75 Additional Food Repolational Food Repolati	1405 PINEWAY DRIVE		1405 PINEWAY DRIVE				-{		1851		
City & State City & State City & State Country Country Zip Country Zip Country Zip Country S. Certificate of Status Desired S. 7: Name and Address of Current Registered Agent 7: Name, and Address of New Registered Agent 8: Tell Agents 8: Tell Agents 8: Tell Agents 9: Registered Agent 9: Registered A	2. Principal Place of Business			3. Ma	3. Mailing Address						
City & State City & State City & State Country Country Zip Country Zip Country Zip Country S. Certificate of Status Desired S. 7: Name and Address of Current Registered Agent 7: Name, and Address of New Registered Agent 8: Tell Agents 8: Tell Agents 8: Tell Agents 9: Registered Agent 9: Registered A				- Qui							
Zip Country Zip Country 5. Conflicato of Satus Desired S S. 7. Additional Foo Required S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name Address of New Registered Agent 7. Name and Address (P.O. Box Number is Not Acceptable) 8. The above named entity submits the statement for the purpose of changing is registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept 1. The Own of Post of the State of Fiorida agent with a statement of State 1. Address of Fiorida agent	Suite, Apt. #, etc.			301	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
S. Certificate of Status Desired Status Desired For Required	City & State			City & State				4	29-1800198		
### Address of Current Registered Agent MARTIN, FLOYD E	Zip	Zip Country Zip				Country					
MARTIN, FLOYD E 1405 PINEWAY DRIVE SANFORD FL 32773-7236 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.		6. Name	and Address of Current	Register	ed Agent			7.			
1405 PINEWAY DRIVE SANFORD FL 32773-7236 City FL Zip Code	AAA DTIAL F	ELOVO E				_ -	Name				
SANFORD FL 32773-7238 City FL Zip Code							Street Addres	s (P.O.	P.O. Box Number is Not Acceptable)		
8. The above named antity 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											
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE Signature, hybrid or printed name of registered agent and side it approache. (NOTE: Registered Agent signature required when reindating) DATE							City		Zip Code		
TILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ITILE NAME STREET ADDRESS CITY-ST-2IP VP	8. The above	named entity	isubmits this statement fo	or the nurr	ose of changing its	ragietara		torod s	r L '		
FILE NOW!!! FEE IS 150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE PARTITION OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE PARTITION OFFICERS AND DIRECTORS IN THE PARTITION OFFICERS AND DIRECTORS IN 11 ITILE PARTITION OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS IN 11 ITILE PARTITION OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS IN 11 ITILE PARTITION OFFICERS AND OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS IN 11 ITILE PARTITION OFFICERS AND OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS IN 11 ITILE PARTITION OFFICERS AND OFFICERS AND OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS IN 11 ITILE PARTITION OFFICERS OFFIC				n ale bait	ose of changing its	registere	ed office of regis	iereu a	agent, or both, in the State of Florida. I am lamiliar with, and ac-	эері	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE .	Signature, typed	or printed name of registered agent	and title if app	oficable. (NOTE	: Registered	d Agent signature requi	red wher	en reinstating) DATE	-	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	F	ILÉ NOW!!	FEE IS \$150.00		<u> </u>						
TITLE MAKE STREET ADDRESS CITY-ST-ZIP TITLE CORBETT, JEFF 46 S CHESTNUT JEFFERSON OH 44047 TITLE STREET ADDRESS CITY-ST-ZIP TITLE S CHESTNUT JEFFERSON OH 44047 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MARTIN, FLOYD STREET ADDRESS CITY-ST-ZIP TITLE MARTIN, FLOYD STREET ADDRESS CITY-ST-ZIP TITLE MARTIN STREET ADDRESS CITY-ST-ZIP TITLE NAME	After May 1, 2003 Fee will be \$550.00										
MARTIN, FLOYD 1405 PINEWAY STREET ADDRESS CITY-ST-ZIP TITLE VP CORBETT, SANDY 48 S CHESTNUT JEFFERSON OH 44047 TITLE CORBETT, JEFF STREET ADDRESS CITY-ST-ZIP TITLE T TITLE S MARTIN, FLOYD 1405 PINEWAY STREET ADDRESS CITY-ST-ZIP TITLE S MARTIN, FLOYD 1405 PINEWAY STREET ADDRESS CITY-ST-ZIP TITLE S MARTIN, FLOYD 1405 PINEWAY STREET ADDRESS CITY-ST-ZIP TITLE S MARTIN, FLOYD 1405 PINEWAY STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME TITLE NAME NAME NAME TITLE NAME NAME NAME NAME NAME NAME NAME NAM	10.		OFFICERS AND	DIRECTO	DRS	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
STREET ADDRESS CITY-ST-ZIP SANFORD FL 32773 TITLE VP CORBETT, SANDY 46 S CHESTNUT JEFFERSON OH 44047 TITLE NAME CORBETT, JEFF STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE S MARTIN, FLOYD 1405 PINEWAY STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE S MARTIN, FLOYD 1405 PINEWAY STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET		l '	LOVD		☐ Delete		1		☐ Change ☐ Ad	dition	
CITY-ST-ZIP TITLE VP CORBETT, SANDY 46 S CHESTNUT JEFFERSON OH 44047 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE S MARTIN, FLOYD STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME Addition NAME Addition NAME Addition Addition Addition Addition NAME Addition NAME TITLE NAME							_ [15	
NAME STREET ADDRESS CITY-ST-ZIP TITLE TORONGETT, JEFF 46 S CHESTNUT JEFFERSON OH 44047 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM						•				100	
STREET ADDRESS CITY-ST-ZIP TITLE TOORBETT, JEFF 46 S CHESTNUT CORBETT, JEFF 46 S CHESTNUT JEFFERSON OH 44047 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	TITLE	VP			☐ Delete	TITLE			☐ Change ☐ Ad	dition 5	
CITY-ST-ZIP ITILE T							- 1		-	1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM							ı				
NAME STREET ADDRESS CITY-ST-ZIP JEFFERSON OH 44047 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME		T			Poloto			,	one of the state	dition	
CITY-ST-ZIP		CORBETT,	JEFF		Delete				□ change □ Au	anion j	
TITLE)	
NAME STREET ADDRESS CITY-ST-ZIP SANFORD FL 32773 STREET ADDRESS CITY-ST-ZIP SANFORD FL 32773 CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHANGE Addition NAME CITY-ST-ZIP CHANGE Addition NAME CHANGE CITY-ST-ZIP CHANGE Addition NAME CHANGE CITY-ST-ZIP CHANGE Addition NAME CHANGE		 	N OH 44047			CITY-	-ST-ZIP				
STREET ADDRESS CITY-ST-ZIP SANFORD FL 32773 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM		_	OVD		☐ Delete		1		☐ Change ☐ Ad	dition	
CITY-ST-ZIP SANFORD FL 32773 CITY-ST-ZIP TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME	J									}	
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE . NAME NAME	CITY-ST-ZIP					1	1				
STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE . NAME NAME	TITLE				☐ Delete	TITLE			☐ Change ☐ Adi	dition (
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE . Change Addition NAME NAME	í									{	
TITLE Delete TITLE . Change Addition NAME NAME							J			}	
NAME . NAME					☐ Delete	4			☐ Change ☐ Ad	dition	
	,				. Delete		- 1		C Glorige C Au	ן זונוטוונ	
	STREET ADDRESS						l l				
CITY-ST-ZIP 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 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.	of the corp	on this report poration or the	or supplemental report is Freceiver or trustee empo	true and wered to	accurate and that m execute this report a	v signati	ure shall have the	a same	se lenal effect as if made under oath: that I am an officer or direc-	tor 1	

SIGNATURE:

PLANTALLED MALE D
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 2003

321-0838