

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91750 025 ***150.00

DOCUMENT # P000000027360

1. Entity Name

A Blooming Sensation, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14326 Keylime Blvd

Suite, Apt. #, etc.

3. Mailing Address

14326 Keylime Blvd

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Loxahatchee, FL

City & State

Loxahatchee, FL

4. FEI Number

65-1000778

Applied For

Not Applicable

Zip

33470

Country

USA

Zip

33470

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Marguerite McDermott

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

14326 Keylime Blvd

City

Loxahatchee

FL

Zip Code

33470

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

5/8/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSFD
McDermott, Marguerite
14326 Keylime Blvd.
Loxahatchee, FL 33470

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/02

Daytime Phone #

CR2E034B (12/01)