06-17-2002 90177 001 ***150.00
06-17-2002 90177 002 ***150.00

P00000031068

FILED

02 JUN 26 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

93351

06/02 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000031068

1. Entity Name
Local Firststation, Inc

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
232 Oakfield DR	2729 Buckingham AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BRANDON FL	City & State: Lakeland FL
Zip: 33511 Country	Zip: 33803 Country

4. FEI Number: 59-3647687 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LAWRENCE D. SEKAJPO

Street Address (P.O. Box Number is Not Acceptable)
9384 NORTH 56TH STREET, SUITE 3

City: TAMPA FL Zip Code: 33617

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: Lawrence D Sekajpo CRA 6-12-02
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) ☑

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	PRESIDENT D2 GEORGE MAGUIRE 2729 BUCKINGHAM AVE. LAKELAND, FL 33511
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT LINDA MAGUIRE 2729 BUCKINGHAM AVE LAKELAND, FL 33511
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: L. A. Maguire 3/04/02 (813)685-4949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone #

Attachment – Please return with report.

LAWRENCE D. SEKAJIPO, CPA

Attachment
9335/

March 5, 2002

#P00000031068

Department of State
Division of Corporations
P O Box 6327
Tallahassee FL 32314

Re: Renewal Application for Localfloristdotcom, Inc.

My client, Linda Maguire of Localfloristdotcom, Inc. has asked me to write on her behalf for reinstitution of her company because she did not receive any correspondence for renewal, nor was she aware that she had to renew her company each year. I have made her aware that there is an annual business renewal for all corporations doing business in the State of Florida. I am working with her to ensure that all business regulations and compliances are adhered to. Please accept the applications for renewal for 2001 & 2002.

Enclosed are the application fees for 2001 and 2002 in the amount of $300.00.

Please use the below mailing address to ensure receipt of all correspondences:

Localfloristdotcom, Inc
Linda Maguire
2729 Buckingham Ave
Lakeland FL 33803

Thank you in advance.

Sincerely,

Lawrence D. Sekajipo, CPA
Agent

Phone: (813) 989-3100
Phone: (813) 989-3889
Fax: (813) 989-3026
Email: senyondi@mindspring.com

Member: American Institute of CPAs
Florida Institute of CPAs

LAWRENCE D. SEKAJIPO, MBA, MPA, CPA
Certified Public Accountant
9384 N. 56th St.
Suite 3
Tampa, FL 33617