

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2003 8:00 am**  
**Secretary of State**

08-14-2003 90068 038 \*\*\*150.00

**DOCUMENT # P00000037286**

1. Entity Name  
**BETSY'S SUNFLOWER, INC.**



Principal Place of Business  
**14 AVENUE D  
APALACHICOLA FL 32320**

Mailing Address  
**14 AVENUE D  
APALACHICOLA FL 32320**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3293779**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOHERTY, ELIZABETH  
14 AVENUE D  
APALACHICOLA FL 32320**

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **DOHERTY, ELIZABETH**  
STREET ADDRESS **14 AVENUE D**  
CITY-ST-ZIP **APALACHICOLA FL 32320**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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NAME  
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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.

SIGNATURE:

*Elizabeth Doherty* 8/12/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

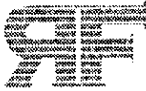
Daytime Phone #

CR2E034 (4/03)

Attachment#

80138412

PO00000037286



**ROBERSON & FRIEDMAN, P.A.**

**CERTIFIED PUBLIC ACCOUNTANTS**

PORT ST. JOE, FL - APALACHICOLA, FL

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**MARK W. FRIEDMAN, CPA**

219 AVENUE E  
P. O. Box 789  
APALACHICOLA, FL 32329  
PHONE 850 / 653-1090  
FAX 850 / 653-1091

July 29, 2003

Florida Department of State  
Division of Corporations  
Uniform Business Report Filing  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir and/or Madam:

Enclosed please find the Uniform Business Report for our client, Betsy's Sunflower, Inc.

This is the first correspondence from your office that the client has received. The corporate officer responsible for these filings was unaware that the return had not been filed since she never received a prior report to complete.

We are requesting that the late penalty be waived in light of the circumstances that no prior report was sent or received.

Your assistance with this matter is greatly appreciated.

Sincerely,

Mark W. Friedman, CPA

MEMBER

FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS  
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

SECURITIES OFFERED THROUGH SECURITIES SERVICE NETWORK, INC., A REGISTERED BROKER/DEALER, MEMBER NASD/SIPC