FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P.000000 68234

1. Entity Name

GREEN ACRES FLORIST, INC



## **FILED** Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90679 029 \*\*\*150.00

L		VIE IN THIS	SPACE		90052122	
2. Principal Place of Business		3. Mailing Addre		10.1.2 mm 12.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.		
Suite, Apt. #, etc.		Suite, Apt. #, e	AME tc.		DO NOT WRITE IN THIS SPACE	
City & State LAKE WORTH, FL		City & State		<u> </u>	4. FEI Number Applied For	
Zip 334	Country	Zip	Country	<u> </u>	65-102 5207  5. Certificate of Status Desired □	Not Applicable  \$8.75 Additional
					Fee Required  7. Name and Address of Current Registered Agent	
) 131 23114			Name MARY		A 1.1 A	
	DO_NOT	WRITE	Stu	et Address (	P.O. Box Number is Not Acceptable)	
	IN THIS	SPACE		10 GRE	P.O. Box Number is Not Acceptable)  F.O. Box Number is Not Acceptable)  F.O. ACRES F-LORIST	INC
		r ar en reger de rens de personalité de la company de la c		7155	LAKE WORTH RD	
			City	IANE	WORTH FL	Zip Code
8. The above nar	ned entity submits this state of registered agent.	ment for the purpose of char	ging its registered office	ce or registere	ed agent, or both, in the State of Florida. I am fa	3346 /
SIGNATURE Signa	ature, typed or printed name of registe		(NOTE: Registered Agent	signature required	when reinstating) DATE	
Afti Ar Make Check Pay	ry 1 - May 1 Fee is \$150 er May 1, Fee is \$550.00 nended UBR is \$61.25 vable to Floride Departn	ent of State			9. Election Campaign Financing Trust Fund Contribution.	<b>\$5.00</b> May Be Added to Fees
10.		S AND DIRECTORS		15. 10. 4 days 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	The state of the s	
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TREET ADDRESS TTY-ST-ZIP			STREET ADDRES	s	A STATE OF THE STA	
2. I hereby certify	that the information supplie	d with this filing does not gua	Sec. 400 (17 (20)) (20)	totod in Court	110 07(0)() 5	The state of the s

indicated on this report or supplied with this hing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information 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 on an

SIGNATURE: SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 561-966-4417