

2001 UNIFORM BUSINESS REPORT (UBR)

21

FILED
Mar 07, 2001 8:00 am
Secretary of State

02-20-2001 90092 023 ***150.00

DOCUMENT # P00000070514

1. Entity Name
BLOSSOMS FLOWERS ON MONROE, INC.



Principal Place of Business: 1200 W. MONROE STREET, TALLAHASSEE FL 32303
 Mailing Address: P.O. BOX 10182, TALLAHASSEE FL 32302

29100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3665908

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARKER, JESICA
 961 BRIARCLIFF
 TALLAHASSEE FL 32308

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.

SIGNATURE

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D
 NAME: PARKER, JESICA
 STREET ADDRESS: 961 BRIARCLIFF
 CITY-ST-ZIP: TALLAHASSEE FL 32308 Delete

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jesica Parker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-01

Date

850-386-2087

Daytime Phone #

CR2E034 (10/00)