## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000087868  1. Entity Name WILD-FLOWER ART, INC.				May 03, 2001 8:00 am Secretary of State 04-11-2001 90126 022 ***150.00		
Principal Place of Business  4301 49TH AVE SOUTH ST PETERSBURG FL 33710  Mailing Address  4301 49TH AVE SOUTH ST PETERSBURG FL 33710				4 11 7 3 31		
				40200		
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number  Y Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired Seguired Fee Required		
	6. Name and Address of Current F	egistered Agent	Name	7. Name and Address of New Registered Agent		
HASTRETTER, CARLYN H				(P.O. Box Number is Not Acceptable)		
4301 49TH AVE SOUTH ST PETÉRSBURG FL 33710			Jueet Address	(F.U. Bux Number is Not Acceptable)		
			City	FL Zip Code		
8. The above	named entity submits this statement for	the purpose of changing i	its registered office or registe	ered agent, or both, in the State of Florida.		
		. ,				
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NC	OTE: Registered Agent signature require	ed when reinstating) DATE		
Tax filing t	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After MAY 1, 2	VIII FEE IS \$150.00 2001 Fee will be \$550.00 able to Department of Sta			
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME STREET ADDRESS CITY-ST-ZIP	HASTREITER, CARLYN H 4301 49TH AVE SOUTH ST PETERSBURG FL 33710	☐ Deletæ	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition Change Addition		
TITLE NAME STREET ADDRESS		☐ Deleta	TITLE NAME STREET ADDRESS	Change Addition		
CITY-ST-ZIP TITLE		□ Delete	CITY-ST-ZIP	Change Addition		
NAME STREET ADDRESS. CITY-ST-ZIP			NAME - STREET ADDRESS- CITY-ST-ZIP			
TITLE NAME ,STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME		☐ Detete	TITLE	☐ Change ☐ Addition		
STREET ADDRESS City-St-zip			STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	Colete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
13. I hereby coindicated of the corp	on this report or supplemental report is tro- obration or the receiver or trustee empow- or on an attachment with an address, with	ue and accurate and that ered to execute this report all other like empowered	or the exemption stated in Semy signature shall have the state as required by Chapter 607 d.	section 119.07(3)(i). Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 11 or Block 12 if		