2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000096343

KEY BISCAYNE FLORIST, INC. Principal Place of Business Mailing Address 200 OCEAN LANE DR., UNIT 409 200 OCEAN LANE DR., UNIT 409 **KEY BISCAYNE FL 33149** KEY BISCAYNE FL 33149 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc City & State City & State Country Zip Country Zip

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

#409

THOMAS J. O'BRIEN JR

KEP BISCAYNE,FL. 33149

GAINESVILLE, FL. 32605

MARY I. HUTCHENS 374/ N.W. 23 20 PL.

VICE PRES & SECY

MARCELLA BOHN

20 EXETER ST. WESTNEWTON, MA.

TIMOTHY M. O'BRIEN

39 5. LASALLE ST, STE 1418

O'BRIEN, JR., THOMAS J

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZtP

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CITY-ST-ZIP

200 OCEAN LANE DR., UNIT 409 **KEY BISCAYNE FL 33149**

9. This corporation is eligible to satisfy its Intangible

200 OCEANLANE

Tax filing requirement and elects to do so.

DIRECTOR

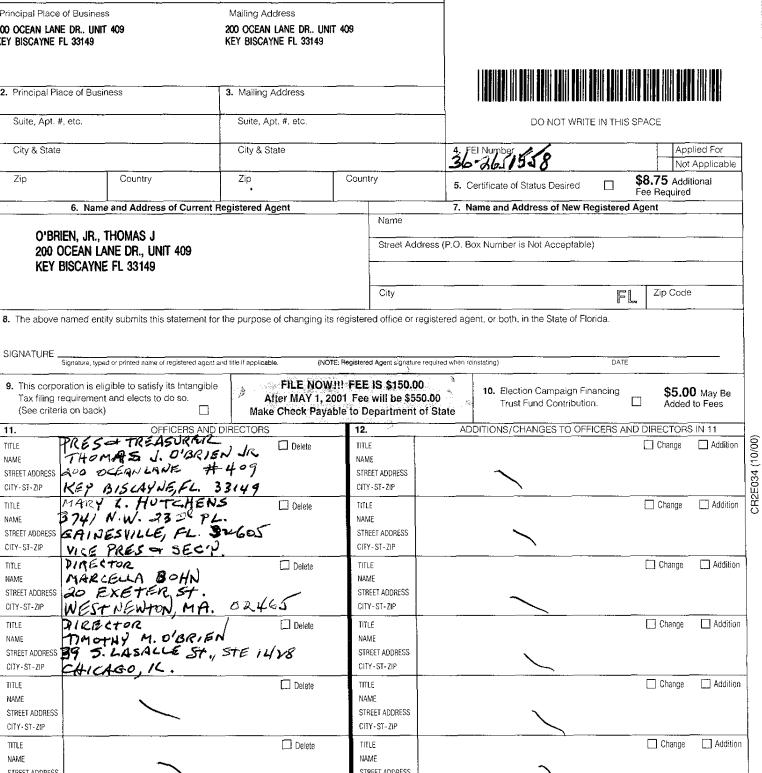
RIRECTOR

CHICAGO IL.

(See criteria on back)

FILED Mar 01, 2001 8:00 am Secretary of State

03-01-2001 90007 011 ***150.00



with this filing ones not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supplied with indicated on this report or supple of the corporation or the received changed, or on an attachment with all other like e

Name

FILE NOW!!! FEE IS \$150.00

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02465

After MAY 1, 2001 Fee will be \$550.00

12.

TITLE

NAME

TiTLE

TITLE

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NG OFFICER OR DIRECTOR

Daytime Phone #