

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000096343

1. Entity Name
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

Zip Country Zip Country

4. FEI Number 36-2651558

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'BRIEN, JR., THOMAS J
200 OCEAN LANE DR., UNIT 409
KEY BISCAYNE FL 33149

7. Name and Address of New Registered Agent

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, 2002 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

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | PT | <input type="checkbox"/> Delete |
| NAME | O'BRIEN, THOMAS J JR | |
| STREET ADDRESS | 200 OCEAN LANE #409 | |
| CITY-ST-ZIP | KEY BISCAYNE FL 33149 | |
| TITLE | VS | <input type="checkbox"/> Delete |
| NAME | HUTCHENS, MARY L | |
| STREET ADDRESS | 3741 NW 23RD PL | |
| CITY-ST-ZIP | GAINESVILLE FL 32605 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BOHN, MARCELLA | |
| STREET ADDRESS | 20 EXETER ST | |
| CITY-ST-ZIP | WEST NEWTON MA 02465 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | O'BRIEN, TIMOTHY M | |
| STREET ADDRESS | 39 S LASALLE ST STE 1428 | |
| CITY-ST-ZIP | CHICAGO IL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-4-02 Daytime Phone # 305-361-1366

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90018 038 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)