

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109725

1. Entity Name

STEVENS FLOWER SHOP, INC.

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90344 042 \*\*\*150.00

Principal Place of Business

1813 N. TAMARIND AVE  
WEST PALM BEACH FL 33407

Mailing Address

1813 N. TAMARIND AVE  
WEST PALM BEACH FL 33407

2. Principal Place of Business

3. Mailing Address

P.O. Box 4733

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
West Palm Beach, FL

4. FEI Number

65-1061937

Applied For

Not Applicable

Zip

Country

Zip

Country

33402

USA

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

STEVENS, KARLENE S ESQ  
1655 PALM BEACH LAKES BLVD STE 1012  
WEST PALM BEACH FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

1615 Forum Place, Suite 500

City

West Palm Beach,

FL

Zip Code

33401

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 (applicable)

Karlene S. Stevens

(NOTE: Registered Agent signature required when reinstating)

DATE

2/16/01

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 ☐ Delete  
NAME STEVENS, KARLENE S  
STREET ADDRESS 1655 PALM BEACH LAKES BLVD STE 1012  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE P, S ☒ Change ☒ Addition  
NAME  
STREET ADDRESS 1615 Forum Place, suite 500  
CITY-ST-ZIP West Palm Beach, FL 33401

TITLE D ☐ Delete  
NAME STEVENS, DARRYL L  
STREET ADDRESS 822-3RD STREET  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE V. P. ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Karlene S. Stevens

2/16/01

833-7477  
561-~~692222~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)