

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90033 043 \*\*\*150.00

**DOCUMENT #** P00000109725

**1. Entity Name**

Stevens Flower Shop, Inc.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

1813 N. Tamarind Ave.

Suite, Apt. #, etc.

**3. Mailing Address**

P.O. Box 4733

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

West Palm Beach, FL

**City & State**

West Palm Beach, FL

**4. FEI Number**

65-1061937

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

Name Karlene S. Stevens

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

1615 Forum Place

Suite 500

City West Palm Beach

FL

Zip Code

33401

**DO NOT WRITE  
IN THIS SPACE**

**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.

Karlene S. Stevens

(NOTE: Registered Agent Signature required when reinstating)

4/29/02

**9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.**  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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** P, S, D  
**NAME** Karlene S. Stevens  
**STREET ADDRESS** 1615 Forum Place, Suite 500  
**CITY - ST - ZIP** West Palm Beach, FL 33401

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** D  
**NAME** Darryl L. Stevens  
**STREET ADDRESS** 822-3rd Street  
**CITY - ST - ZIP** West Palm Beach, FL 33401

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IN THIS SPACE**

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

Signature and typed or printed name of signing officer or director

4/29/02

Date

561-683-9066

Daytime Phone #

CR2E034B (12/01)