

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000111201

1. Entity Name

SIX SISTERS FLORIST, INC.

Principal Place of Business

2207 SABAL PALM DR
EDGEWATER FL 32141

Mailing Address

2207 SABAL PALM DR
EDGEWATER FL 32141

2. Principal Place of Business

1137 N. Dixie Fwy
Suite, Apt. #, etc.
PAPPAS PLAZA
City & State
New Smyrna Bch, FL
Zip 32168
Country VOLUSTA

3. Mailing Address

Same
Suite, Apt. #, etc.
Same

City & State

Same
Zip Same
Country Same

4. FEI Number

59-3519286

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75, Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, TRICIA R
2207 SABAL PALM DR
EDGEWATER FL 32141

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, 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

CR2E034 (10/00)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, TRICIA R 2207 SABAL PALM DR EDGEWATER FL 32141	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Tricia Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01 (904) 428-0761
Date Daytime Phone #