

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 Hwy

3. Mailing Address

Same

Suite, Apt. #, etc.

PAPPAS PLAZA

Suite, Apt. #, etc.

Same

City & State

New Smyrna Bch, FL

City & State

Same

Zip

32168

Country

FLORIDA

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

7. Name and Address of New Registered Agent

MILLER, TRICIA R
2207 SABAL PALM DR
EDGEWATER FL 32141

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MILLER, TRICIA R**
CITY-ST-ZIP **2207 SABAL PALM DR**
EDGEWATER FL 32141

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

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

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



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)