

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

06-14-2001 90010 047 ***150.00
 09-12-2001 90026 021 ***550.00

DOCUMENT # P00000112157

1. Entity Name
PARADISE BEACH FLORIST OF MELBOURNE, INC.

Principal Place of Business

2344 N. A1A
MELBOURNE FL 32903

Mailing Address

2344 N. A1A
MELBOURNE FL 32903



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2356 N. Hwy A1A
 Suite, Apt. #, etc.

3. Mailing Address

2356 N. Hwy A1A
 Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

Melbourne, FL

4. FEI Number

59-3690277

Applied For

Not Applicable

Zip

Country

32903

US

Zip

Country

32903

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REED, PATRICIA W
2344 N. A1A
MELBOURNE FL 32903

7. Name and Address of New Registered Agent

Name **Ronald G. REED**
Street Address (P.O. Box Number is Not Acceptable)
2356 N. Hwy A1A
City **Melbourne** **FL** **Zip Code** **32903**

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 *Ronald G. Reed* **V.P.**

Ronald G. REED

09-04-01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	D <input type="checkbox"/> Delete
NAME	REED, PATRICIA W
STREET ADDRESS	474 OLEANDER CT.
CITY-ST-ZIP	SATELLITE BCH FL 32937
TITLE	D <input type="checkbox"/> Delete
NAME	REED, RONALD G
STREET ADDRESS	474 OLEANDER CT.
CITY-ST-ZIP	SATELLITE BCH FL 32937
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
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: *Ronald G. Reed* **REQUIRED V.P.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-04-01 321-777-4557
 Date Daytime Phone #

CR2E034 (5/01)