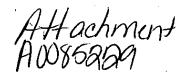
127-517-7704

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

DOCUMENT # P00000117728 1. Entity Name LORILARSON FLOWERS, INC.					Sep 12, 2001 8:00 am Secretary of State 09-12-2001 90032 022 ***150.00		
Principal Place of Business 9370 OAKHURST ROAD SEMINOLE FL 33776 Mailing Address 9370 OAKHURST ROAD SEMINOLE FL 33776				`	A CHARLECOL FIL BANK BEFIL BONK BURN BURN	N 41894 HANG MANA MANA	1981 (911 1981
2. Principal Place of Business 3.		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4.	4. FEI Number Applied For Not Applicable		
Zip	Country	Zip	Country	5.		\$8.75 Add	
	6. Name and Address of Current I	Registered Agent	Name	7.	Name and Address of New Regis	tered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			Street Ac	CAURA R. LARSON et Address (P.O. Box Number is Not Acceptable) B325 OAKHUUST KOAD			
			City	NINOCE	<u> </u>	FL Zip Code	710
SIGNATURE 9. This corpo	named entity submits this statement for Signature, typed or printed name of registered agent a pration is eligible to satisfy its Intangible requirement and elects to do so.	ALSON LAU nd title if applicable. (NOTE: F	RA R. Registered Agent signature	ARSO: re required when	reinstating) V 8	0/31/20 DATE \$5.00	0 May Be
_	ria on back)	Make Check Payable	to Department	of State	Trust Fund Contribution.		to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSON, LAURA R 8325 OAKHURST ROAD SEMINOLE FL 33776	DIRECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	DDITIONS/CHANGES TO OFFICER	S AND DIRECTORS Change	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		***	☐ Change	☐ Addition
TITLE NAME -STREET-ADDRESS		Delete	TITLE NAME E≅STREET ADDRESS			☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
13. Lhereby o	Describe that the information supplied with on this report or supplemental report is progration on the receiver or trustee empore	this filing does not qualify for the true and accurate and that my	ne exemption state	ed in Section	n 119.07(3)(i), Florida Statutes. I furt e legal effect as if made under oath;	her certify that the in that I am an officer	or director





August 30, 2001

Florida Dept. of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

RE: Lorilarson Flowers, Into P00000117728

Dear Sir or Madam:

I am writing this letter as directed by your office regarding the above referenced Corporation. Enclosed is the 2001 Uniform Business Report with payment of \$150.00 as instructed. We are asking that the late filing penalty of \$400.00 be abated based on reasonable cause.

My client did not receive the initial 2001 Uniform Business Report and since they started business 1-1-2001 I believed they were not required to file one. The articles were filed 12-28-2000 and they were to start operations 1-1-2001. I was unaware that an effective date needed to be stated in the articles. All of my clients file the UBR prior to the May 1st deadline. Since they did not receive an initial UBR I didn't think one needed to be filed since they started operations January 1st. The effective date filed with the Internal Revenue Service is stated 1-1-2001 on all forms.

Based on the above we ask that you consider abating the late filing penalty. If additional information is needed please let us know. Thank you for your cooperation and consideration in this matter.

Sincerely,

Anthony Antonewitz, CPA

Enc.