

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

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90432 015 \*\*\*150.00

DOCUMENT # **P01000008264**

1. Entity Name  
**Flower Fashion Shoppe, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>25 Homestead Rd. N</b>		3. Mailing Address <b>25 Homestead Rd N</b>	
Suite, Apt. #, etc. <b>#13</b>		Suite, Apt. #, etc. <b>Suite #13</b>	
City & State <b>Lehigh Acres, FL</b>		City & State <b>Lehigh Acres, FL</b>	
Zip <b>33936</b>	Country <b>USA</b>	Zip <b>33936</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-1071372</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Robert Bowers Accounting**  
Street Address (P.O. Box Number is Not Acceptable)  
**23 Colorado Rd**  
City **Lehigh Acres** FL Zip Code **33936**

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.

9. SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

10. 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P/V/T/S/O/C/M</b> <b>Rhonda Kay Lippincott</b> <b>25 Homestead Rd Unit 13</b> <b>Lehigh Acres, FL 33936</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Rhonda Kay Lippincott** Rhonda Kay Lippincott

**4/30/2**

**941)368-6167**

CR2E034B (12/01)