

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000008591

1. Entity Name
FIVE STAR FLORIDA ROSES, INC.

FILED

02 MAY -3 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
772 US HWY ONE STE 200
N PALM BEACH FL 33408

Mailing Address
772 US HWY ONE STE 200
N PALM BEACH FL 33408



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12176 HAMLIN Blvd
Suite, Apt. #, etc.
WEST PALM BEACH

3. Mailing Address

12176 HAMLIN Blvd
Suite, Apt. #, etc.
W.P.B.

City & State
WEST PALM BEACH

City & State
WEST PALM BEACH

4. FEI Number

NOT IN BUSINESS AT THIS TIME

Applied For
Not Applicable

Zip
33412
Country
PALM BEACH

Zip
33412
Country
PALM BEACH

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

NEWMAN, HOWARD P
772 US HWY ONE STE 200
N PALM BEACH FL 33408

Name
RICHARD K FOX
Street Address (P.O. Box Number is Not Acceptable)
12176 HAMLIN Blvd
City
WEST PALM BEACH FL Zip Code
33412

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 _____ (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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOX, RICHARD 9501 KEATING DRIVE PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02 561-753-8395
Date Daytime Phone #

0356387 AV

CR2E034 (9/01)