

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

0548752 AV

DOCUMENT # P01000021418

1. Entity Name
PALM SPRINGS FLORIST, INC.

02-14-2002 90070 021 ***150.00

Principal Place of Business
4106 BEACON SQUARE DRIVE
HOLIDAY FL 34691

Mailing Address
4106 BEACON SQUARE DRIVE
HOLIDAY FL 34691



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3702180**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 2002 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 **D** ☐ Delete
NAME **SHAW, ROBERT**
STREET ADDRESS **4106 BEACON SQUARE DRIVE**
CITY - ST - ZIP **HOLIDAY FL 34691**

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

TITLE **D** ☐ Delete
NAME **DOWLING, JAMES**
STREET ADDRESS **4431 MITCHELL ROAD**
CITY - ST - ZIP **NEW PORT RICHEY FL 34652**

☐ Change ☐ Addition
TITLE
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert H Shaw*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Robert H Shaw**
President

Jan 26, 2002 **727-944-4224**
 Date Daytime Phone #

CR2E034 (9/01)