Aug-29-02 10:18A Accounting Serv. Of So Fl

FILED
Sep 10, 2002 8:00 am
Secretary of State
09-10-2002 90228 032 ***150.00

FOR PROFIT CORPORATION 2002
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000032110

1. Entity Name M&M FLORAL SUPPLIES

978903

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3787 Woods Walk	
Suite, Apt #, etc.	Suite, Apt #, etc
City & State: Lake Worth, Fla.	City & State
Zip: 33467 / Country: Palm Beach	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1085811 — Applied For / Not Applicable

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: Maureen Macy

Street Address (P.O. Box Number is Not Acceptable): 3787 Woods Walk

City: Lake Worth **FL** Zip Code: 33467

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 ______________________________ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

9. The 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	Maureen Macy P/D 3787 Woods Walk Lake Worth, Fla. 33467	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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: [signature] AUG 29,2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

Q25403

Po 10000032110

AUGUST 29, 2002

DEPT OF STATE
UBR DIVISION

REF: M&M FLORAL SUPPLIES INC.
UBR RETURN 2002

I AM ENCLOSING FORM UBR FOR 2002 WHICH I DOWN-LOADED FROM YOUR WEBSITE.,I NEVER RECEIVED AN ORGINAL FROM TALLAHASSEE.

I AM FED EX ING TO YOU A FILLED OUT UBR FOR 2002 WITH A CHECK FOR $150.00. I HOPE THIS WILL DELETE ANY PENALTIES BECAUSE OF NON RECEIPT OF THE ORIGINAL REPORT.

SINCERELY

MAUREEN MACY
PRES.