

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

0630888 FP

<h1 style="margin: 0;">DOCUMENT #      P01000036733</h1>	
<b>1. Entity Name</b> <b>STUART DOWNTOWN FLOWERS GIFTS AND GARDENS INC.</b>	
<b>Principal Place of Business</b> <b>Mailing Address</b>	
<b>120 W OCEAN BLVD</b> <b>120 W OCEAN BLVD</b> <b>STUART FL 34994</b> <b>STUART FL 34994</b>	
<b>2. Principal Place of Business</b> <b>3. Mailing Address</b>	
<b>120 W OCEAN BLVD</b> <b>Same</b> Suite, Apt. #, etc.      Suite, Apt. #, etc.	
<b>City &amp; State</b> <b>City &amp; State</b>	
<b>Stuart FL</b> <b></b>	
<b>Zip</b> <b>Country</b> <b>Zip</b> <b>Country</b>	
<b>34994</b> <b>USA</b> <b></b> <b></b>	
<b>6. Name and Address of Current Registered Agent</b>	
<b>STEVENS, PHILIP D</b> <b>120 W OCEAN BLVD</b> <b>STUART FL 34994</b>	
<b>Name</b> <b>Street Address</b> <b>City</b>	
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>	
<b>SIGNATURE</b> <b>Signature, typed or printed name of registered agent and title if applicable.</b> <b>(NOTE: Registered Agent signature required)</b>	
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <b>FILE NOW!!! FEE IS \$150.00</b> <b>(See criteria on back)</b> <b>After May 1, 2002 Fee will be \$550.00</b> <input type="checkbox"/> <b>Make Check Payable to Department of State</b>	
<b>11. OFFICERS AND DIRECTORS</b> <b>12.</b>	
<b>TITLE</b> <b>OWNER OF All Shared</b> <input type="checkbox"/> Delete <b>TITLE</b>	
<b>NAME</b> <b>Philip Stevens</b> <b>NAME</b>	
<b>STREET ADDRESS</b> <b>120 West Ocean Blvd Stuart FL</b> <b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> <b></b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete <b>TITLE</b>	
<b>NAME</b> <b>NAME</b>	
<b>STREET ADDRESS</b> <b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete <b>TITLE</b>	
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<b>NAME</b> <b>NAME</b>	
<b>STREET ADDRESS</b> <b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> <b>CITY-ST-ZIP</b>	



DO NOT WRITE IN THIS SPACE

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Data

Daytime Phone #

CR2E034 (9/01)