

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91904 032 ***150.00

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DOCUMENT # P01000041472

1. Entity Name
A GREENHOUSE FLORIST, INC.



Principal Place of Business
**694 CHENEY HWY
TITUSVILLE FL 32780**

Mailing Address
**P.O. BOX 360803
MELBOURNE FL 32936-0803**

2. Principal Place of Business
4519 S. Hopkins Ave
Suite, Apt. #, etc.

3. Mailing Address
4519 S Hopkins Ave
Suite, Apt. #, etc.

City & State
Titusville Florida
Zip
32780
Country
USA

City & State
Titusville Florida
Zip
32780
Country
USA

4. FEI Number
59-3712060
Applied For
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent
**SULLIVAN, KENNETH A
846 SARNO RD.
MELBOURNE FL 32935**

7. Name and Address of New Registered Agent
Name
Jacqueline M Clark Petty
Street Address (P.O. Box Number is Not Acceptable)
211 Coronada Blvd.
City
Titusville FL Zip Code
32780

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Jacqueline M. Clark Petty** **April 30, 2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SULLIVAN, KENNETH A 2084 LAKEVIEW DR. MELBOURNE FL 32935 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, KENNETH A 2084 LAKEVIEW DR. MELBOURNE FL 32935 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jacqueline M. Clark Petty 211 Coronada Blvd. Titusville, FL 32780 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S William G. Petty 211 Coronada Blvd. Titusville, FL 32780 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **Jacqueline M. Clark Petty** **Jacqueline M. Clark Petty** 4/30/03 321-268-0610
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)