

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90081 042 \*\*\*150.00

DOCUMENT # **PD10000005515** ✓

1. Entity Name

**Obsession Orchids, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1166B 141st Place**

3. Mailing Address

**before June 1st 2002**

Suite, Apt. #, etc.

**after June 1st 2002**

Suite, Apt. #, etc.

**2380 Randall blvd**

City & State

**Live Oak, FL**

City & State

**Naples FL 34120**

Zip

**32062**

Country

**USA**

Zip

**34120**

Country

**USA**

4. FEI Number

**75-3027261**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Lynn J Jessmon**

Street Address (P.O. Box Number is Not Acceptable)

**2380 Randall blvd**

City

**Naples**

**FL**

Zip Code

**34120**

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

**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
	<b>Pres / Treasurer</b>		
	<b>Lynn J. Jessmon</b>		
	<b>2380 Randall blvd</b>		
	<b>Naples, FL 34120</b>		
	<b>V. Pres / Secretary</b>		
	<b>Geno Jessmon</b>		
	<b>2380 Randall blvd</b>		
	<b>Naples, FL 34120</b>		

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/02**

Date

**941-352-6611**

Daytime Phone #

CR2E034B (12/01)