

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Sep 23, 2002 8:00 am
Secretary of State

09-03-2002 90123 035 ***558.75
05-13-2002 90197 049 ***150.00

DOCUMENT # P01000067533

1. Entity Name
KAY JOY FLORIST, INC.

Principal Place of Business
**1897 PALM BEACH LAKES BLVD.
SUITE 203
WEST PALM BEACH FL 33409**

Mailing Address
**1897 PALM BEACH LAKES BLVD.
SUITE 203
WEST PALM BEACH FL 33409**

42804

2. Principal Place of Business
2300 Palm Beach Lakes Blvd
Suite, Apt. #, etc.

3. Mailing Address
3507 Village Blvd.
Suite, Apt. #, etc.

City & State
West Palm Beach, FL 33409

City & State
West Palm Beach, Florida

Zip
33409

Country
USA

Zip
33409

Country
USA

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BURRELL, KAREN
3507 VILLAGE BLVD.
APARTMENT 301
WEST PALM BEACH FL 33409**

7. Name and Address of New Registered Agent

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

SIGNATURE **Karen Burrell, Karen Burrell**
Signature, typed or printed name of registered agent and title if applicable.

07-27-02
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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE
NAME **President Karen Burrell** ☐ Delete
STREET ADDRESS **3507 Village Blvd. APT #301**
CITY-ST-ZIP **West Palm Beach, Florida 33409**

TITLE
NAME **SECRETARY** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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: **Karen Burrell, Karen Burrell** **07/27/02 (561-478-3030)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)