

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 22, 2002 8:00 am**  
**Secretary of State**

07-22-2002 90162 049 \*\*\*150.00

**DOCUMENT # P01000072431**

1. Entity Name  
**WESTCOAST WHOLESALE FLORAL, INC.**

Principal Place of Business

**9642 LEEWARD AVENUE  
LARGO FL 33773**

Mailing Address

**9642 LEEWARD AVENUE  
LARGO FL 33773**

**80130802**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**9225 Ulmerton Rd**

3. Mailing Address

**9225 Ulmerton Rd**

Suite, Apt. #, etc.

**Suite T**

Suite, Apt. #, etc.

**Suite T**

City & State

**Largo FL**

City & State

**Largo FL**

Zip

**33771**

Country

**Pinellas**

Zip

**33771**

Country

**Pinellas**

4. FEI Number

**65-1122616**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ --

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ROSE, MICHAEL J  
9642 LEEWARD AVENUE  
LARGO FL 33773**

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

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) ☒

**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          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          |                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>P Michael Rose</b>   |  |
| STREET ADDRESS | <b>9642 Leeward Ave</b> |  |
| CITY-ST-ZIP    | <b>Largo FL 33773</b>   |  |
| TITLE          |                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Steven Rose</b>      |  |
| STREET ADDRESS | <b>559 85 Ave N</b>     |  |
| CITY-ST-ZIP    | <b>St Pete FL 33702</b> |  |
| TITLE          |                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Amanda Rose</b>      |  |
| STREET ADDRESS | <b>9642 Leeward Ave</b> |  |
| CITY-ST-ZIP    | <b>Largo FL 33773</b>   |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| 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 another like empowered.

SIGNATURE:

**Michael J. Rose**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**7/8/02**

Daytime Phone #

**727-584-2920**

CR2E034 (4/02)

Attachment

B0130802

**Westcoast Wholesale Floral, Inc.**

9225 Ulmerton Rd. Suite T

Largo, FL 33771.

(727) 584-3734

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Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

RE: Document #PO1000072431

Dear Division of Corporations,

This is to inform you that we did not receive a prior notice to file a UBR. Please waive the late fee, as this notice was not previously received by us. Enclosed is the original \$150.00 filing fee, as per instructions, FAQ #8.  
Thank you.

Sincerely,

Michael J. Rose, President  
Westcoast Wholesale Floral, Inc.