

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90337 048 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P01000103848**

1. Entity Name  
**JEMAR FLORIST, INC.**

Principal Place of Business

4250 1ST AVENUE SOUTH  
 ST. PETERSBURG FL 33711

Mailing Address

4250 1ST AVENUE SOUTH  
 ST. PETERSBURG FL 33711

2. Principal Place of Business

743 49th St. N.

3. Mailing Address

743 49th St. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 St. Petersburg, Fla.

City & State  
 St. Petersburg, Fl.

4. FEI Number  
 03-0399377

Applied For  
 Not Applicable

Zip  
 33710

Country  
 Pinellas

Zip  
 33710

Country  
 Pinellas

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIVERA, EDUVIGIS  
 4250 1ST AVENUE SOUTH  
 ST. PETERSBURG FL 33711

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	RIVERA, EDUVIGIS	
STREET ADDRESS	4250 1ST AVENUE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZAMBRANA, MELISA R	
STREET ADDRESS	6371 71ST STREET NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RIVERA, ABIGAIL	
STREET ADDRESS	3659 2ND AVENUE NORTH	
CITY-ST-ZIP	ST. PETERGURG FL 33713	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCORMICK, RUTH R	
STREET ADDRESS	4250 1ST AVENUE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIVERA, JR., JUAN T	
STREET ADDRESS	4920 45TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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 all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *July 19, 02* Daytime Phone #: *321-1221*

CR2E034 (4/02)

Attachment

PO/000/03848

Florida Department of State  
Katherine Harris  
Secretary of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Fl. 32314

This is to inform you that this is our first year of business and we did not received this form on time. This is the first time that we received it. I am sending the \$150.00 filing fee. We regret that this did not get to our hands when it was supposed to. Thank you for waving the late fees.



Eduvigis Rivera  
President