**FILED**
**Apr 24, 2003 8:00 am**
**Secretary of State**

04-24-2003 90215 033 ***158.75

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000002677

1. Entity Name
WESTON FLOWER SHOP, INC.

90104268

| Principal Place of Business | Mailing Address |
|---|---|
| 9943 NW 2ND COURT<br>PLANTATION, FL 33324 | 9943 NW 2ND COURT<br>PLANTATION, FL 33324 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number — Applied For ☐ / Not Applicable ☒

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 |
|---|---|
| SEWARD, WILLIAM R<br>9943 NW 2ND COURT<br>PLANTATION, FL 33324 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 William Seward WILLIAM SEWARD 4-21-03
Date
(HERE Registered Agent signature required for this statement) DATE

FILE NOW! FEE $150.00
After May 1, 2003 it will be $350.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $6.00 May be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SEWARD, WILLIAM R<br>9943 NW 2ND COURT<br>PLANTATION, FL 33324 ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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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 correct 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 another like empowered.

SIGNATURE: William Seward 4-21-03 954-578-0026
SIGNATURE AND TITLE OF CHAIRMAN, PRESIDENT OR OTHER OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (10/02)