

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0200002677
 1. Entity Name
WESTON FLOWER SHOP, INC.



90104268

Principal Place of Business 9943 NW 2ND COURT PLANTATION, FL 33324	Mailing Address 9943 NW 2ND COURT PLANTATION, FL 33324
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2. Principal Place of Business State, Apt. #, etc. City & State Zip Country	3. Mailing Address State, Apt. #, etc. City & State Zip Country
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CHECK HERE IF MAKING CHANGES

4. FFI Number _____ Applied For _____
 Not Applicable

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

6. Name and Address of Current Registered Agent
SEWARD, WILLIAM R
 9943 NW 2ND COURT
 PLANTATION, FL 33324

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 (or is deemed) for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Form for filing and accepts the obligations of a registered agent.

SIGNATURE William Seward WILLIAM SEWARD 4-21-03
DATE (NAME of Registered Agent or other required filer is optional)

9. Election Campaign Finance Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete D SEWARD, WILLIAM R 9943 NW 2ND COURT PLANTATION, FL 33324	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(x), 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. I am an officer or director of the corporation or the trustee 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

CR2E034 (12/02)