


4/16

04-16-2003 90115 026 ***150.00

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

DOCUMENT # P02000031611

1. Entity Name
ROSILLO FLOWERS, INC.



Principal Place of Business
 2645 SUNSET POINT RD
 CLEARWATER, FL 33759

Mailing Address
 2645 SUNSET POINT RD
 CLEARWATER, FL 33759

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

Zip
 Country



CHECK HERE IF MAKING CHANGES

4. FEI Number
 03-0462588

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LYONS, GARY W
 311 S MISSOURI AVE
 CLEARWATER, FL 33766

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 _____ DATE _____

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when releasing)

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

FILE NOW!!! FEES \$150.00
 APRIL 15, 2003 Fee will be \$550.00
 Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/02	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSILLO, MARIA T 2645 SUNSET POINT RD CLEARWATER, FL 33769 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEPEDA, ANNETTE M 2645 SUNSET POINT RD CLEARWATER, FL 33769 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerers.

SIGNATURE: *Maria T Rosillo* 4-14-03 727 791 6068

SIGNATURE AND TITLE OF THE SIGNER OR PART OF SIGNER, OFFICER OR DIRECTOR

CR2E034 (10/02)