

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90704 025 ***150.00

DOCUMENT # P02000034836



1. Entity Name
ALLEN'S FLOWERS BOUTIQUE, INC.

Principal Place of Business
**3 N BAILEY STREET
BROOKSVILLE FL 34601**

Mailing Address
**3 N BAILEY STREET
BROOKSVILLE FL 34601**

11031226



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

38-3646815

Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

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

**LANIGAN, DAVID C
10927 N 56 STREET
TAMPA FL 33617-3000**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CRESPO, ISRAEL	
STREET ADDRESS	18812 WIMBLEDON CIR	
CITY-ST-ZIP	LUTZ FL 33558	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRESPO, BLANCA	
STREET ADDRESS	18812 WIMBLEDON CIR	
CITY-ST-ZIP	LUTZ FL 33558	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRESPO, AIXA	
STREET ADDRESS	14185 EASTMOUNT CRESPO	
CITY-ST-ZIP	SPRINGHILL FL 34609-5466	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRUZ, ERICA D	
STREET ADDRESS	14185 EASTMOUNT CRESPO	
CITY-ST-ZIP	SPRINGHILL FL 34609-5466	
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"/> 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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Crespo, Aixa	
STREET ADDRESS	14185 Eastmount Rd.	
CITY-ST-ZIP	Spring Hill FL 34609-5466	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cruez, Eric D.	
STREET ADDRESS	14185 Eastmount Rd.	
CITY-ST-ZIP	Spring Hill FL 34609-5466	
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		

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 empowered.

SIGNATURE: **SIGNATURE REQUIRED** Daniel Cruz 469603 (352) 796-4541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)