

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90167 047 ***150.00

DOCUMENT # P02000037525



1. Entity Name
ALL AMERICAN RIVERVIEW FLORIST, INC.

Principal Place of Business
720 SUNDANCE TR
WIMAUMA FL 33598

Mailing Address
720 SUNDANCE TR
WIMAUMA FL 33598



2. Principal Place of Business
9405 U.S. Hwy 301 S.
Suite, Apt. #, etc.

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

☐ CHECK HERE IF MAKING CHANGES

City & State
RIVERVIEW, FL
Zip 33569 Country U.S.A.

City & State

4. FEI Number 75-3040671 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

ROWE, JAMES C ESQ
100 2 AVE S, STE 1201S
ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name ANITA K. LAYTON
Street Address (P.O. Box Number is Not Acceptable)
720 SUNDANCE TRAIL
City WIMAUMA, FL FL Zip Code 33598

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 ANITA K. LAYTON, PRESIDENT 4-14-03
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

TITLE PRESIDENT
NAME ANITA K. LAYTON
STREET ADDRESS 720 SUNDANCE TRAIL
CITY-ST-ZIP WIMAUMA, FL 33598 ☐ Delete

TITLE VICE-PRESIDENT
NAME DON W. LAYTON, JR.
STREET ADDRESS 720 SUNDANCE TRAIL
CITY-ST-ZIP WIMAUMA, FL 33598 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: ANITA K. LAYTON, PRES. 4-14-03 727-822-1288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)