

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90148 044 ***150.00

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DOCUMENT # P02000041768

1. Entity Name
TEMPLE TERRACE FLORIST, INC.



Principal Place of Business
**8912 NORTH 56TH ST.
TEMPLE TERRACE FL 33617**

Mailing Address
**8912 NORTH 56TH ST.
TEMPLE TERRACE FL 33617**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3647590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SALDARRIAGA, CARMEN
8912 NORTH 56TH ST.
TEMPLE TERRACE FL 33617**

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP

**PSTD
SALDARRIAGA, CARMEN
8912 NORTH 56TH ST.
TEMPLE TERRACE FL 33617**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

Carmen Saldarriaga
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/03
Date

813-988-5010
Daytime Phone #

CR2E034 (4/03)

80135655

Temple Terrace Florida, Inc.
8912 North 56th Street
Temple Terrace, FL 33617

July 28, 2003

Division of Corporations
UBR Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: 2003 Uniform Business Report, Doc# P02000041768

Dear Sir/Madam:

Pursuant to your instructions, since we did not receive the original report enclosed find or check in the amount of \$150.00 for the above referenced.

If I may be of further assistance, please notify me.

Sincerely,

Carmen Saldarriaga
Carmen Saldarriaga