2003 FOR PROFIT CORPORACION UNIFORM BUSINESS REPORT (UBR

May 05, 2003 8:00 am Secretary of State 04-11-2003 90102 005 ***150.00 P02000051041 DOCUMENT # 1. Entity Name MADDIE'S FLOWERS BY THE SEA. INC. 55037815 Principal Place of Business SET NE STREET 128 NE 6 Ne Mailing Address Same DELRAY BCH FL-3944 33483 DELRAY BCH FL 33444 2. Principal Place of Business 128 NE 6 Mailing Address Same Ave Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For Bch DELRAY 81 07 Not Applicable Country Palm Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHN SAHO, EA. WHITNEY, MADELINE Street Address (P.O. Box Number is Not Acceptable) 621 NE 3RD AVE. DELRAY BCH FL 33444 483 3. 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fee: Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CRZE034 (10/02) TITLE ☐ Detete TITLE ☐ Channe ☐ Addition WHITNEY, MADELINE NAME NAME 621 NE 3RD AVE. STREET ADDRESS STREET ADDRESS DELRAY BCH FL 33444 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-TITLE ☐ Defete TITLE ☐ Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deleta TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Char:je ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C(TY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 office like empowered.