


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

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

04-11-2003 90102 005 ***150.00

DOCUMENT # P02000051041

1. Entity Name
MADDIE'S FLOWERS BY THE SEA, INC.



Principal Place of Business
~~601 NE 3RD AVE~~ **128 NE G Ave**
~~DELRAY BCH FL 33444~~ **33483**

Mailing Address
~~601 NE 3RD AVE~~ **Same**
~~DELRAY BCH FL 33444~~

55037815



2. Principal Place of Business
128 NE G Ave

3. Mailing Address
Same

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
DELRAY Bch. FL.

City & State

4. FEI Number
81 0554065

Applied For
 Not Applicable

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

Zip **33483** Country **Palm Bch**

6. Name and Address of Current Registered Agent

WHITNEY, MADELINE
621 NE 3RD AVE.
DELRAY BCH FL 33444

7. Name and Address of New Registered Agent

Name **JOHN JAHLO, EA.**

Street Address (P.O. Box Number is Not Acceptable)
500 Gulf Stream Blvd

City **DELRAY Bch FL - FL** Zip Code **33483**

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 *Madelene Whitney* **April 28, 2003**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	D WHITNEY, MADELINE 621 NE 3RD AVE. DELRAY BCH FL 33444	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Madelene Whitney* **April 7, 2003** **561 330 0042**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR20034 (10/02)