

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90155 004 \*\*\*150.00

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**DOCUMENT # P02000063152**

1. Entity Name  
**PAVILION FLOWER SHOP, INC.**



Principal Place of Business  
**200 OCEAN LANE DRIVE  
UNIT 409  
KEY BISCAYNE FL 33149**

Mailing Address  
**200 OCEAN LANE DRIVE  
UNIT 409  
KEY BISCAYNE FL 33149**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**10265 TAMiami TRAIL, N  
#5**

3. Mailing Address  
**10265 TAMiami TRAIL N.  
#5**

City & State  
**NAPLES, FL**

City & State  
**NAPLES FL**

Zip  
**34108**

Country  
**USA**

4. FEI Number  
**82-0553363**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**O'BRIEN, THOMAS J JR.  
200 OCEAN LANE DRIVE  
UNIT 409  
KEY BISCAYNE FL 33149**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ State **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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P O'BRIEN, THOMAS J JR 200 OCEAN LANE DRIVE UNIT 409 KEY BISCAYNE FL 33149</b>	<input checked="" 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	<b>PD MARY O'BRIEN HUTCHENS 10265 TAMiami TRAIL N., NAPLES, FL. 34108</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD THOMAS J. O'BRIEN JR 200 OCEAN LANE - UNIT 409 KEY BISCAYNE, FL. 33149</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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

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: Mary O'Brien Hutchens Date: March 31, 2003 (239) 597-2806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)