

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90396 043 ***150.00

DOCUMENT # **P02000069603**

1. Entity Name **MILLER EDWARDS, INC.**
D/B/A B & M WHOLESALE FLOWERS
2253 6TH ST.
SARASOTA, FL. 34237



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2253 6TH ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SAME

City & State

City & State

SARASOTA, FL.

Zip

Country

Zip

Country

34237

USA

4. FEI Number

59-1603488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

PATRICK CUNNINGHAM

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

3008 MANATEE AV. W.

BRADENTON

FL. 34205

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

Alice J Edwards
Signature, typed or printed name of registered agent and title if applicable.

owner
(NOTE: Registered Agent signature required when reinstating)

4.28.03
DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **ALICE EDWARDS**
STREET ADDRESS **908 59TH ST. N.W.**
CITY-ST-ZIP **BRADENTON, FL. 34209**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

Alice J Edwards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-03 (941) 953-4811

CR2E034B (12/02)