

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/11/2003-90080-031-\$150.00-\$150.00

132

0102043 AV

DOCUMENT # P02000103342

1. Entity Name  
GULFSIDE FLORIST AND GIFTS, INC.



FILED

03 SEP 25 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
641 MANDALAY BLVD  
CLEARWATER BEACH FL 33767

Mailing Address  
641 MANDALAY BLVD  
CLEARWATER BEACH FL 33767



2. Principal Place of Business

3. Mailing Address

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FBI Number

37-1443040

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUROFF, SYLKE  
10885 103 AVE N  
LARGO FL 33778

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  
President  
Sylke Myroff  
10885 103 Ave N.  
Largo, FL 33778

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President  
Robert Myroff  
10885 103 Ave N.  
Largo, FL 33778

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CFD  
Edith Crull  
21 Island Dr  
Clearwater Bch., FL 33767

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

Sylke Myroff

Date

9/21/03 727-688-

Daytime Phone

9255

CR20034 (4/03)

Attachment  
90155770  
PO2000103342

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To Whom it may concern:

I am enclosing this letter in order to inform you of the fact that I did not receive any prior notice of this incorporation form to be filed. Being new in business there have been a number of forms, registrations and licenses that I have been learning about. I herefore request a waiver of the \$550.00 fee, and am enclosing a check in the amount if \$150.00 for the original fee. Rest assured that since I now know the correct procedure, this will not happen again. I will look for my next notification and it will be filed in a timely manner.

Thank you in advance for your help in this matter.

Sincerely,

Sylke Muroff



Gulfside Florists and Gifts  
641 Mandalay Ave.  
Clearwater Beach, FL 33767