

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

**FILED**  
**Apr 13, 2004 08:00 AM**  
**Secretary of State**

ATX1

<b>DOCUMENT #</b> P03000089980
<b>1. Entity Name</b>
Kelly's Flowers Inc

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 260 N Devon Avenue Suite, Apt. #, etc.		<b>3. Mailing Address</b>  Suite, Apt. #, etc.	
City & State Winter Springs, FL		City & State	
Zip 32708	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> 13-4262356		<b>Applied For</b> <input type="checkbox"/> Not Applicable
	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required		
	<b>7. Name and Address of Current Registered Agent</b>		
	Name Black, Kelly s Street Address (P.O. Box Number is Not Acceptable) 244 Altamonte Bay club circle # 203		
	City Altamonte Springs <b>FL</b> Zip Code 32708		

**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** \_\_\_\_\_ **DATE** 04/13/04-80029-017 150.00

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

**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** ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	President Black, Kelly s 244 Altamonte Bay club circle # 203 Altamonte springs, FL - 32708
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Vice President Black, Debbie F 244 Altamonte Bay club circle # 203 Altamonte springs, FL - 32708
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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<b>11.</b>	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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**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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Handwritten Signature]*

4/8/04

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