

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 31, 2008 08:00 AM  
Secretary of State

DOCUMENT # P06000032586

1. Entity Name  
UNIVERSITY PARK FLORIST, INC.



Principal Place of Business  
907 MILL CREEK ROAD  
BRADENTON, FL 34212

Mailing Address  
907 MILL CREEK ROAD  
BRADENTON, FL 34212



03202008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
43-2099200

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BERGAMO, GARY  
907 MILL CREEK ROAD  
BRADENTON, FL 34212

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing... ☐ \$5.00 May Be  
Trust Fund Contribution. Added to Fees

U000000873654  
04/10/08-80089-022 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME BERGAMO, GARY  
STREET ADDRESS 907 MILL CREEK ROAD  
CITY-ST-ZIP BRADENTON, FL 34212

TITLE VSTD  
NAME BERGAMO, GRACE  
STREET ADDRESS 907 MILL CREEK ROAD  
CITY-ST-ZIP BRADENTON, FL 34212

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

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* GRACE BERGAMO *[Signature]* 3-24-08 941-907-7330  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #