

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90087 022 ***150.00

DOCUMENT # P92000012301

1. Entity Name

OUTA MA TREE FLORIST, INC.

Principal Place of Business

**8555 W HILLSBOROUGH AVE
TAMPA FL 33615**

Mailing Address

**8555 W HILLSBOROUGH AVE
TAMPA FL 33615**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3169896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ADWELL, MARION
8555 W HILLSBOROUGH AVE
TAMPA FL 33615**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ADWELL, MARION C**
STREET ADDRESS **8332 ARCHWAAD CIRCLE**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE **VP** ☐ Delete
NAME **ADWELL, DON W**
STREET ADDRESS **16521 CAYMAN DRIVE**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **VP** ☒ Delete
NAME **ADWELL, MARK A**
STREET ADDRESS **4924 SHETLAND AVE**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE **S** ☐ Delete
NAME **ADWELL, WESLEY**
STREET ADDRESS **8555 W HILLSBOROUGH AVE**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8332 ARCHWOOD CIRCLE**
CITY-ST-ZIP **TAMPA, FL 33615**

TITLE ☒ Change ☐ Addition
NAME **ADWELL, DON W**
STREET ADDRESS **8332 ARCHWOOD CIRCLE**
CITY-ST-ZIP **TAMPA, FL 33615**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **DON WESLEY ADWELL**
STREET ADDRESS **16521 CAYMAN DRIVE**
CITY-ST-ZIP **TAMPA, FL 33624**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Don Wesley Adwell
Don Wesley Adwell

2/25/2002

813-884-9703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)