

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90098 003 ***150.00

00027633



DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000003615			
1. Entity Name ENSLEY FLOWER'S INC.			
Principal Place of Business 9180 NOPALAFEX HWY PENSACOLA FL 32534 US		Mailing Address 9180 N PALAFOX HWY SUITE 380 PENSACOLA FL 32531 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3159869		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DODD, DOROTHY L ENSLEY FLOWER'S INC 9180 N PALAFOX HWY PENSACOLA FL 32534			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating.)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	NAME	Delete <input type="checkbox"/>	
PD	DODD, DOROTHY L		
STREET ADDRESS	8625 CHISHOLM RD.		
CITY- ST- ZIP	PENSACOLA FL 32514		
TITLE	TD	Delete <input type="checkbox"/>	
NAME	DODD, RICHARD W		
STREET ADDRESS	118 SPRAGUE DR.		
CITY- ST- ZIP	PENSACOLA FL 32534		
TITLE	SD	Delete <input type="checkbox"/>	
NAME	WAITES, DONNA A		
STREET ADDRESS	8509 BLUE JAY WAY		
CITY- ST- ZIP	PENSACOLA FL		
TITLE		Delete <input type="checkbox"/>	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		Delete <input type="checkbox"/>	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		Delete <input type="checkbox"/>	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS	19140 E. Highland Dr.		
CITY- ST- ZIP	SAUCIE, MS. 39574		
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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 <i>Donna A. Waites Vice Pres Sec</i> 2/23/01 880-477-2884			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (10/00)