

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 15, 2002 8:00 am**  
**Secretary of State**

07-15-2002 90187 014 \*\*\*150.00

**DOCUMENT # P93000038407**

1. Entity Name  
**FLORISTAR, INC.**

Principal Place of Business  
**223 ALTAMONTE COMMERCE BLVD**  
**SUITE 1312**  
**ALTAMONTE SPRINGS FL 32714**  
**US**

Mailing Address  
**223 ALTAMONTE COMMERCE BLVD**  
**SUITE 1312**  
**ALTAMONTE SPRINGS FL 32714**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0436644**

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

**BUTTICE, LOU**  
**223 ALTAMONTE COMMERCE BLVD.**  
**STE. 1312**  
**ALTAMONTE SPRINGS FL 32714**

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **NIBORSKI, JUDY A**  
STREET ADDRESS **1237 ROCHESTER RD**  
CITY-ST-ZIP **TROY MI 48083**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-02

Date

248.588.7008  
Daytime Phone #

CR2E034 (4/02)



inc.

Attachment

Doc. # P93000038407  
120285

223 Altamonte Commerce Blvd., Suite 1312 • Altamonte Springs, FL 32714

407-862-7546 • 800-STAR-050

July 3, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: P93000038407

To whom it may concern:

Enclosed please find our check #4467, in the amount of \$150.00, for payment in full for the filing fee of FloriStar, Inc., FEI #65-0436644. This will replace check #4362, which was mailed on April 23<sup>rd</sup>, 2002. In the event that check should appear please destroy as an order to stop payment" has been issued for that check.

Sincerely,

A handwritten signature in black ink, appearing to read "Lou Buttice", with a long horizontal flourish extending to the right.

Lou Buttice  
Registered Agent  
FloriStar, Inc.

Enc (2)