

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

BOYNTON FLORAL DESIGNS, INC

~~DRA AS INFINITY FLORAL DESIGNS~~

Principal Place of Business

Mailing Address

3469W BOYNTON BEACH BLVD

BOYNTON BEACH, FL. 33436

FILED
Jun 18, 2001 8:00 am
Secretary of State

06-18-2001 90001 021 ***150.00

00000180

2. Principal Place of Business

as above

3. Mailing Address

as above

Suite, Apt. #, etc.

4

Suite, Apt. #, etc.

same

City & State

BOYNTON BEACH, FL

City & State

same

Zip

33436

Country

U S A

Zip

same

Country

same

4. FEI Number

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

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT

NORMA CARSON

3469 W Boynton Beach Blvd

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

NORMA CARSON

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/01

Date

-- 561-736-8378

Daytime Phone #

Attachment



Infinity Floral Designs DOCTH
FRESH AND SILK FLOWERS FOR ALL OCCASIONS

June 1, 2001

Division of Corporations
P.O. 1500
Tallahassee, FL 32302-1500

To whom this may concern

I apologize for the late filing of this report, however I did not receive the form which should have been mailed to me, this quite likely was not sent out or it was lost in the mail.

I requested a form via the telephone, which I received of course with the mail system and the holidays several days later.

I would appreciate your understanding that the delay was not deliberate.

Sincerely,

Norma Carson (President)