

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000031662

1. Entity Name

ROSEBUD'S FLORIST, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90022 040 ***150.00

Principal Place of Business 13116 N DALE MABRY HWY TAMPA FL 33618	Mailing Address C/O WALTER SANDERS 13910 N DALE MABRY HWY SUITE 1 TAMPA FL 33618-2440 US
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2. Principal Place of Business	3. Mailing Address 3355 Bears Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tampa, Florida	City & State Tampa, Florida
Zip 33618	Zip 33618
Country	Country

4. FEI Number 59-3238705	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SANDERS, WALTER
13910 N DALE MABRY HWY
SUITE 1
TAMPA FL 33618**

7. Name and Address of New Registered Agent

Name **Walter Sanders**
Street Address (P.O. Box Number is Not Acceptable)
3355 Bears Ave
City **Tampa** FL Zip Code **33618**

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 **Walter Sanders** **Walter Sanders** DATE **2/10/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRIBA, JOHN 11930 DIETZ DR TAMPA FL 33626	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRIBA, HELEN 11930 DIETZ DR TAMPA FL 33626	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **John J. Triba** **PRESIDENT** DATE **4/17/00** DAYTIME PHONE # **813 960 5811**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)