

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90153 007 ***150.00

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1. Entity Name
JOSEY'S POSEYS FLORIST, INCORPORATED



Principal Place of Business
**6100 MANATEE AVENUE WEST
BRADENTON FL 34209**

Mailing Address
**6100 MANATEE AVENUE WEST
BRADENTON FL 34209**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0529810**

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

**SCHULTZ, ROBERT H
1101 9TH AVENUE WEST
BRADENTON FL 34205**

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOUISE M. JOSEY 4507 56TH ST. W BRADENTON FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOSEY, KEVIN J 2907 62ND ST W BRADENTON FL 34209	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOSEY, ELIZABETH I 3403 CAMBRIDGE DR W BRADENTON FL 34205	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOSEY, STEVEN W 4507 56TH ST W BRADENTON FL 34210	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5809 2 AVE WEST	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3403 CAMBRIDGE DR W	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOSEY, STEPHEN W.	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature of Robert H. Schultz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)