## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachr

SIGNATURE:

withran address, with all of

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIC

## **FILED** Jul 07, 2000 8:00 am Secretary of State DOCUMENT # **P94000065411** NEW SMYRNA BEACH FLORIST, INC. 07-07-2000 90396 020 \*\*\*550.00 Principal Place of Business Mailing Address 121 FLAGLER AVENUE 121 FLAGLER AVENUE DAAAAAAAT NEW SMYRNA BEACH FL 32169-2634 NEW SMYRNA BEACH FL 32169 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 3856190 Applied For City & State City & State Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COOPER, A. BURDETT Street Address (P.O. Box Number is Not Acceptable) 828 17TH AVENUE **NEW SMYRNA BEACH FL 32169** Zip Code FL 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 DATE (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE COOPER, A. BURDETT NAME NAME 828 17TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169** CITY-ST-ZIP Change Addition Delete TITLE ECCA R'. WRIGHT NAME NAME 880 CORBIN PARK RD. STREET ADDRESS STREET ADDRESS NEW SMYRNA BEACH, FL 32168 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 reporter 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