

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90059 042 ***150.00

0075061 AV

DOCUMENT # P94000072088

1. Entity Name
PEARL FLORIST, INC.

Principal Place of Business

**800 S EUSTIS ST
 EUSTIS FL 32726**

Mailing Address

**800 S EUSTIS ST
 EUSTIS FL 32726**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3266079**

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

**WILHELM, TERRI A
 800 S EUSTIS ST
 EUSTIS FL 32726**

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 *Terri Wilhelm*
 Signature, typed or printed name of registered agent and title if applicable.

Terri Wilhelm President 4-20-02
 (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, 2002 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 ☐ Delete
 NAME **D WILHELM, TERRI A**
 STREET ADDRESS **28 FAIRWAY DR**
 CITY-ST-ZIP **EUSTIS FL 32726**

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

TITLE ☐ Delete
 NAME **D WILHELM, ED**
 STREET ADDRESS **28 FAIRWAY DR**
 CITY-ST-ZIP **EUSTIS FL 32726**

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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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: *Terri Wilhelm* *Terri Wilhelm Pres.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 3-20-02 Date 352-357-1776 Daytime Phone #

CR2E034 (9/01)