

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000088066

1. Entity Name

EXQUISITE FLOWERS, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90953 037 ***150.00

Principal Place of Business

660 LINTON BLVD
SUITE 101-C
DELRAY BEACH FL 33444
US

Mailing Address

660 LINTON BLVD
SUITE 101-C
DELRAY BEACH FL 33444-8150
US

2. Principal Place of Business

1015 S. "M" St
Suite, Apt. #, etc.

3. Mailing Address

1015 S. "M" St.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lake Worth, FL

City & State

Lake Worth, FL

4. FEI Number

65-0539514

Applied For

Not Applicable

Zip

33460 Delray Beach

Zip

33460 Delray Beach

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLINGEL, JOHN M
660 LINTON BLVD
SUITE 101-C
DELRAY BEACH FL 33444

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, 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

TITLE D
NAME KLINGEL, JOHN M
STREET ADDRESS 660 LINTON BLVD., STE 101-C
CITY-ST-ZIP DELRAY BEACH FL

TITLE S
NAME STIMELY, CHARLENE
STREET ADDRESS 2553 SW 10TH CT
CITY-ST-ZIP BOYNTON BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME Klingel, John M
STREET ADDRESS 1015 S. "M" St.
CITY-ST-ZIP Lake Worth, FL 33460

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
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 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:

Charlene Stimely, Secretary
Charlene Stimely

4/26/00 561-736-0350
Date Daytime Phone #

CR2E034 (9/99)