

2001 UNIFORM BUSINESS REPORT (UBR)

POB
514-300

DOCUMENT # **P95000021199**

1. Entity Name

FLOWERS ETC. OF LAKELAND, INC.

FILED

01 JUL 24 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~4525 #5 S. FLORIDA AVE~~
LAKELAND FL 33813

~~4525 #5 S. FLORIDA AVE~~
LAKELAND FL 33813

**5050 S. FLORIDA AVE
LAKELAND FL 33813**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3300713

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

7. Name and Address of New Registered Agent

FIELDS, MARILYN

~~4525 #31 S. FLORIDA AVE~~
LAKELAND FL 33813

**5050 S. FLORIDA AVE
LAKELAND, FL 33813**

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

Marilyn Fields

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **D** ☐ Delete
NAME **FIELDS, MARILYN**
STREET ADDRESS ~~4525 #31 S. FLA AVE~~ **5050 S. Florida Ave**
CITY-ST-ZIP ~~LAKELAND FL 33813~~ **Lakeland 33813**

TITLE ☐ Change ☐ Addition
NAME **800004527278-0**
STREET ADDRESS **-08/09/01--01061--003**
CITY-ST-ZIP ******150.00 ****150.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Marilyn Fields
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034/(5/01)

Attachment

2012
Doc. # P45000031199



Flowers, etc.

5050 South Florida Avenue # 2

Lakeland Florida 33813

(863) 646-7838

1-800-238-1934

Martyn Fields, Owner

7/11/01
Dear Sir,

Please waive the penalty for filing late. I have had many problems this last year, I have always been on time before this. I had a death in the family & I am caring for my sick mother. I also fired my accountant, (if) for gossiping about these problems. I now have a new accountant and I have most everything straightened out.

Sincerely,
Martyn Fields
President
Flowers Etc. of Lakeland
Inc.