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Jun 05, 2003 8:00 am
Secretary of State
06-05-2003 90131 016 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000021199

1. Entity Name
FLOWERS ETC. OF LAKELAND, INC.

90138615

Principal Place of Business	Mailing Address
5050 S. FLORIDA AVENUE LAKELAND, FL 33813	5050 S. FLORIDA AVENUE LAKELAND, FL 33813

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3300713 ☐ Applied For ☐ Not Applicable

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
FIELDS, MARILYN 5050 S. FLORIDA AVENUE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Marilyn Fields 5/30/2003
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 Trust Fund Contribution. ☐ $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	D FIELDS, MARILYN 5050 S. FLORIDA AVENUE LAKELAND, FL 33813	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: Marilyn Fields 5/30/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

90138615
#P95000021199

May 30th 2003

Flowers Etc of Lakeland Inc.
5050 S Florida Avenue
Lakeland Florida 33813

Department of State
Division of Corporations
Corporate Filings
PO Box 6327
Tallahassee Florida 32314

Dear Sir or Madam:

I am writing this letter because I never received an annual Uniform Business Report for 2003 . I have down loaded this document from the Internet so I can file this form. I am asking the penalty to be waived due to not receiving the document in the mail. I called the Division of Corporations and they gave me instructions on how to proceed in this matter. I am enclosing a check in the amount of $ 150.00 . If you have any questions please call me at 352-402-0513

Sincerely

Marilyn Fields

Marilyn Fields