

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000027739

1. Entity Name

LOU'S FLORIST, INC.

Principal Place of Business

7800 BLIND PASS ROAD
ST. PETERSBURG BEACH FL 33706

Mailing Address

7800 BLIND PASS ROAD
ST. PETERSBURG BEACH FL 33706

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

LOVELL, JOHN
7800 BLIND PASS ROAD
ST. PETERSBURG FL 33706

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

John Lovell

(NOTE: Registered Agent signature required when reinstating)

DATE

2-19-01

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, 2001 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	<input type="checkbox"/> Delete
NAME	LOVELL, GLENN L	
STREET ADDRESS	7800 BLIND PASS ROAD	
CITY-ST-ZIP	ST. PETERSBURG BEACH FL 33706	
TITLE	P	<input type="checkbox"/> Delete
NAME	LOVELL, JOHN	
STREET ADDRESS	7800 BLIND PASS RD.	
CITY-ST-ZIP	ST. PETE BEACH, FL. 33706	
TITLE	(OMITTED IN ERROR IN 1996)	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

John Lovell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-19-01 727-367-1921



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90002 012 ***150.00



P95000027739

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 13, 2001

LOU'S FLORIST, INC.
7800 BLIND PASS ROAD
ST. PETERSBURG BEACH, FL 33706

SUBJECT: LOU'S FLORIST, INC.
Ref. Number: P95000027739

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

Please return the corrected documents to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

Cathy Cave
ANNUAL REPORTS SECTION

Letter number: 701A00008830

Director's Office

2/08/01

CORPORATE DETAIL RECORD SCREEN

12:42 PM

NUM: P95000027739 ST:FL ACTIVE/FL PROFIT FLD: 04/06/1995

FEI#: 59-3307447

NAME : LOU'S FLORIST, INC.

PRINCIPAL: 7800 BLIND PASS ROAD

ADDRESS ST. PETERSBURG BEACH, FL 33706

RA NAME : LOVELL, JOHN

NAME CHG: 04/24/95

RA ADDR : 7800 BLIND PASS ROAD

ADDR CHG: 04/24/95

ST. PETERSBURG, FL 33706 US

ANN REP : (1998) BY 02/23/98 (1999) AN 02/10/99 (2000) A 04/18/00

P95000027739

1. MENU, 3. OFFICERS, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR: