

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90960 029 \*\*\*150.00

DOCUMENT # P950000041823 ✓  
1. Entity Name  
**BOCA GRANDE FLOWERS & GIFTS, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**428 4th Street West**  
Suite, Apt. # etc.

3. Mailing Address  
**P.O. Box 404**  
Suite, Apt. #, etc.

**80057122**

DO NOT WRITE IN THIS SPACE

City & State <b>Boca Grande, Florida</b>		City & State <b>Boca Grande, Florida</b>		4. FEI Number <b>593320776</b>	Applied for <input type="checkbox"/>
Zip <b>33921</b>	Country <b>U.S. A.</b>	Zip <b>33921</b>	Country <b>U.S. A.</b>	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name  
**Ann B. Hollins**

Street Address (P.O. Box Number is Not Acceptable)  
**428 4th Street West**

City **Boca Grande, FL** Zip Code **33921**

**DO NOT WRITE  
IN THIS SPACE**

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: *Ann B. Hollins* **Ann B. Hollins, President** March 21, 2002  
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)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 <b>PSTD</b>	<input type="checkbox"/> Delete <b>Ann B. Hollins</b> <b>428 4th Street West</b> <b>Boca Grande, Florida 33921</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> Delete <b>Dixie M. Hollins</b> <b>14280 W. Hollinswood Trail</b> <b>Inglis, Florida 34449</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>AS</b>	<input checked="" type="checkbox"/> Delete <b>Marilyn M. Polson</b> <b>100 Second Avenue South #701</b> <b>St. Petersburg, Florida 33701</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>DO NOT WRITE</b>
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>IN THIS SPACE</b>
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

**Boca Grande Flowers & Gifts, Inc.**

SIGNATURE: By: *Ann B. Hollins* **Ann B. Hollins** March 21, 2002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #