

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90101 011 \*\*\*150.00

**DOCUMENT # P95000056383**

1. Entity Name

**SWF FLOWERS INCORPORATED**

Principal Place of Business 3119 SPRUCE AVENUE W. PALM BEACH FL 33407-5151	Mailing Address PMB 118 4300 S. U.S. HWY. 1. STE. 203 JUPITER FL 33477-1196 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>900 JUNO OCEAN WALK</b>	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>JUNO BEACH, FLORIDA</b>	City & State
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4. FEI Number **65-0599397** Applied For  Not Applied

Zip <b>33408</b>	Country <b>PALM BEACH</b>	Zip	Country
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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

**EDSGAR, CHARLES W III  
 LEVINE, FRANK & EDGAR, P.A.  
 330 PGA BLVD., SUITE 500  
 PALM BEACH GARDENS FL 33410**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FREDERICKS, SHEILA</b> <b>3119 SPRUCE STREET</b> <b>W. PALM BEACH FL 33407-5151</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Change</b> <b>900 JUNO OCEAN WALK</b> <b>JUNO BEACH, FL 33408</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor
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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:** *SHEILA FREDERICKS* **SHEILA FREDERICKS** **01/18/00** **561-624-5579**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #