

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000058418

1. Entity Name

FLORAL SELECTIONS, INC.

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90016 031 \*\*\*550.00

Principal Place of Business

826 ACRI ROAD  
MECHANICSBURG PA 17055  
US

Mailing Address

826 ACRI ROAD  
MECHANICSBURG PA 17055  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip 17050

Country

Zip 17050

Country

4. FEI Number 59-3379918

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

WEBSTER, GARY

16348 WOOD WALK  
MIAMI LAKES FL 33014

Name Jose Concepcion

Street Address (P.O. Box Number is Not Acceptable)  
2101 N.W. 84 Ave.

City Miami

FL

Zip Code 33122

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

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 13, 2000 Min. 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 VP *Pre* ☐ Delete  
NAME WEBSTER, GARY  
STREET ADDRESS 16348 WOOD WALK  
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE P ☐ Delete  
NAME WHITLOCK, CAROLYN  
STREET ADDRESS 16348 WOOD WALK  
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE President ☒ Change ☐ Addition  
NAME Webster, Gary  
STREET ADDRESS 826 Aciri Road  
CITY-ST-ZIP Mechanicsburg, PA 17050

TITLE Vice President ☒ Change ☐ Addition  
NAME Whitlock, Carolyn  
STREET ADDRESS 826 Aciri Road  
CITY-ST-ZIP Mechanicsburg, PA 17050

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

Date

Quoting Phone

09/06/2000

888 329 0616

CR2E034 (5/00)