

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000058586

1. Entity Name

BAYONET POINT FLORIST, INC.

Principal Place of Business

12007 SNOW BIRD CT
BAYONET POINT FL 34667
US

Mailing Address

12007 SNOW BIRD CT
BAYONET POINT FL 34667
US

2. Principal Place of Business

12007 Snow Bird Ct
Suite, Apt. #, etc.
Bayonet Point Fl

3. Mailing Address

12007 Snow Bird

Suite, Apt. #, etc.

City & State

34667

City & State

BAYONET POINT FLA

Zip

34667

Zip

34667

Country

U.S.A

Country

U.S.A

4. FEI Number

59-3325409

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

DOMINGUES, SUSAN D
12007 SNOW BIRD CT
BAYONET POINT FL 33567

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

Susan Domingues.

01/21/01

(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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (10/00)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMINGUES, SUSAN D 12007 SNOW BIRD CT BAYONET POINT FL 33567	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRAZ, MARY B 4383 DIOR RD SPRING HILL FL 34609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Susan Domingues.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/01 (727) 862-4953
Date Daytime Phone #