

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000058586

1. Entity Name

BAYONET POINT FLORIST, INC.

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90100 047 ***150.00

Principal Place of Business

Mailing Address

12007 SNOW BIRD CT
BAYONET POINT FL 34667
US12007 SNOW BIRD CT
BAYONET POINT FL 34667
US

C0027751



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

12007 Snow Bird Ct
Suite, Apt. #, etc.12007 Snow Bird
Suite, Apt. #, etc.

City & State

City & State

34667

BAYONET POINT FLA

Zip

Country

34667

U.S.A

Zip

Country

34667

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

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 D ☐ Delete
NAME DOMINGUES, SUSAN D
STREET ADDRESS 12007 SNOW BIRD CT
CITY-ST-ZIP BAYONET POINT FL 33567TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VP ☐ Delete
NAME BRAZ, MARY B
STREET ADDRESS 4383 DIOR RD
CITY-ST-ZIP SPRING HILL FL 34609TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2E034 (10/00)