2002 UNIFORM BUSINESS REPORT (UBR)

Sep 12, 2002 8:00 am Secretary of State P95000058586 DOCUMENT # 1. Entity Name BAYONET POINT FLORIST, INC. 09-12-2002 90084 016 ***550.00 Principal Place of Business Mailing Address 12007 SNOW BIRD CT 12007 SNOW BIRD CT BAYONET, POINT FL 34667 **BAYONET POINT FL 34667** 2. Principal Place of Business 3. Mailing Address 2007 12007. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 10145 Sity & State City & State 4. FEI Number Applied For 59-3325409 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOMINGUES, SUSAN D Street Address (P.O. Box Number is Not Acceptable) 12007 SNOW BIRD CT **BAYONET POINT FL 33567** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition DOMINGUES, SUSAN D NAME NAME STREET ADDRESS 12007 SNOW BIRD CT STREET ADDRESS CITY-ST-ZIP **BAYONET POINT FL 33567** CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME BRAZ, MARY B NAME STREET ADDRESS 4383 DIOR RD STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34609 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS .CITY_ST_ZIP_ CITY_ST: ZIP_ ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

FILED

Samerin Associates, Inc., 822 Palmetto Terrace Oviedo, FI 32765

Attachment HROCOCOCY305

August 27, 2002

Division of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee, FL 32302-1500

To Whom it may concern

The purpose of this letter is to inform the Division of Corporations that to the best of my knowledge Samenn Associates Inc., did not receive the original 2002 Uniform Business Report. Samenn Associates Inc., did receive the 60 day notice to file the 2002-Uniformed Business Report with a filing due date of September 13, 2002. Samerin Associates Inc., requests that the Division of Corporations waive the \$400.00 late fee. The attached report has been completed and the original filing fee of \$150.00 is enclosed.

Sincerely,

Director, Samerin Associates Inc.,