

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90159 040 \*\*\*150.00

**DOCUMENT # P95000063404**

**1. Entity Name**  
**PARADISE FLOWERS, INC.**



**Principal Place of Business**  
**515 BLACK IRONWOOD DRIVE**  
**DELAND FL 32724**  
**US**

**Mailing Address**  
**515 BLACK IRONWOOD DR**  
**DELAND FL 32724**  
**US**



**2. Principal Place of Business**  
**542 N. FLORIDA AVE**  
**Suite, Apt., #, etc.**

**3. Mailing Address**  
**542 N. FLORIDA AVE**  
**Suite, Apt., #, etc.**

☐ CHECK HERE IF MAKING CHANGES

**City & State**  
**DELAND, FL**  
**Zip**  
**32720**  
**Country**  
**Volusia**

**City & State**  
**DELAND, FL**  
**Zip**  
**32720**  
**Country**  
**Volusia**

**4. FEI Number** **59-3335062**  
**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**FLOYD, BRUCE W ESQ.**  
**840 WEST NEW YORK AVENUE, SUITE A**  
**DELAND FL 32720**

**7. Name and Address of New Registered Agent**

**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. 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)

**DATE**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	STOKES, RICHARD E	515 BLACK IRONWOOD DR DELAND FL 32724	<input type="checkbox"/>
		542 N. FLORIDA AVE	DELAND, FL 32720	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		542 N. FLORIDA AVE	DELAND, FL 32720	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (10/02)

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other information.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 20, 03 - 386-717-1727