

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000066808

1. Entity Name  
FLOWERS & GIFTS OF ALTAMONTE INC.

Principal Place of Business  
478 EAST ALTAMONTE DRIVE  
SUITE 110  
ALTAMONTE SPRINGS FL 32701

Mailing Address  
478 EAST ALTAMONTE DRIVE  
SUITE 110  
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3401671

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

CHIN, FRANK  
478 EAST ALTAMONTE DRIVE  
SUITE 110  
ALTAMONTE SPRINGS FL 32701

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

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, 2002 Fee 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
CHIN, FRANK  
478 EAST ALTAMONTE DRIVE, SUITE 110  
ALTAMONTE SPRINGS FL 32701 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
CHIN, BRENDA  
478 EAST ALTAMONTE DRIVE, SUITE 110  
ALTAMONTE SPRINGS FL 32701 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
CHIN, NATASHA  
478 EAST ALTAMONTE DRIVE, SUITE 110  
ALTAMONTE SPRINGS FL 32701 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90095 005 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

Attachment  
OFF #1500000008

FLOWERS & GIFTS  
OF ALTAMONTE INC.  
478 East Altamonte Drive (Hwy 436)  
Suite 110 Altamonte Springs, FL 32701  
Phone 407-834-6302

Fla. Dept. of State  
Div. of Corporations  
P. O. Box 1500  
Tallahassee, Fla 32302-1500

Dear Sir / Madam

We wish to bring to your attention  
that this is the first notice which  
we received and ask that you  
accept our check in the amount  
of \$150.00 and waive your late  
fee.

We would be very grateful

Thanking you

Sincerely

Brenda Chin  
Secretary.