

2002 UNIFORM BUSINESS REPORT (UBR)

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

09-16-2002 90095 005 ***150.00

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**

BU 10



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3401671**

Applied For
 Not Applicable

Zip Country

Zip Country

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 _____ DATE _____
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 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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHIN, BRENDA 478 EAST ALTAMONTE DRIVE, SUITE 110 ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHIN, NATASHA 478 EAST ALTAMONTE DRIVE, SUITE 110 ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

9-6-02 - 407-834-6002
 Date Daytime Phone #

CR2E034 (4/02)

Attachment
OFF # 15000000808

FLOWERS & GIFTS
OF ALTAMONTE INC.
478 East Altamonte Drive (Hwy 436)
Suite 110 Altamonte Springs, FL 32701
Phone 407-834-6002

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.