

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90055 027 \*\*\*150.00

**DOCUMENT # P95000081488**

1. Entity Name

**STEMS WHOLESALE FLOWERS, INC.****951003**

DO NOT WRITE IN THIS SPACE

Principal Place of Business 9657 TRADEPORT DR ORLANDO FL 32827 US	Mailing Address 9657 TRADEPORT DR ORLANDO FL 32809-6245 US
----------------------------------------------------------------------------	---------------------------------------------------------------------

2. Principal Place of Business <b>7382 CHANCELLOR DRIVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>7382 CHANCELLOR DRIVE</b> Suite, Apt. #, etc.
---------------------------------------------------------------------------------------	---------------------------------------------------------------------------

City & State <b>ORLANDO, FL</b>	City & State <b>ORLANDO, FL</b>
------------------------------------	------------------------------------

Zip <b>32809</b>	Country <b>US</b>	Zip <b>32809</b>	Country <b>US</b>
---------------------	----------------------	---------------------	----------------------

4. FEI Number <b>59-3142333</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
-----------------------------------------------------------	---------------------------------------

**6. Name and Address of Current Registered Agent****KELLY, BRETT A**  
**9427 TRADEPORT DRIVE**  
**ORLANDO FL 32827****7. Name and Address of New Registered Agent**

Name		
Street Address (P.O. Box Number is Not Acceptable)	<b>7382 CHANCELLOR DRIVE</b>	
City	<b>FL</b>	Zip Code <b>32809</b>

**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	<b>BRETT A. KELLY</b>	<b>4-24-00</b>
-----------	-----------------------	----------------

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00** May Be Added to Fees  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>KELLY, BRETT A</b> <b>9427 TRADEPORT DRIVE</b> <b>ORLANDO FL 32827</b>	<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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>7382 CHANCELLOR DRIVE</b> <b>ORLANDO, FL 32809</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>vs</b> <b>KELLY, CARRIE M</b> <b>7382 CHANCELLOR DRIVE</b> <b>ORLANDO, FL 32809</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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

**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:	<b>BRETT A. KELLY</b>	<b>4-24-00</b>	<b>407-855-1400</b>
------------	-----------------------	----------------	---------------------

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #