

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000096514

1. Entity Name

THE COOKIE FLORIST, INC.

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90001 013 ***158.75

Principal Place of Business
171B WEST FAIRBANKS AVENUE
WINTER PARK FL 32789

Mailing Address
171B WEST FAIRBANKS AVENUE
WINTER PARK FL 32789

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 59-3350258

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

YOUNG, DAVID A
171B WEST FAIRBANKS AVENUE
WINTER PARK FL 32789

Name HENDRICK TROY E

Street Address (P.O. Box Number is Not Acceptable)

2807 SMY BLVD

171B W. FAIRBANKS AVE

WINTER PARK

City

FL

Zip Code

32789

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

Troy E. Hendrick TROY E. HENDRICK

6/12/01

Signature, type 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, 2001 Fee will be \$550.00
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 PT
NAME YOUNG, DAWN M
STREET ADDRESS 1593 LAWNDALE CIRCLE
CITY-ST-ZIP WINTER PARK FL 32792 ☒ Delete

TITLE HENDRICK TROY E.
NAME
STREET ADDRESS 2807 SMY BLVD.
CITY-ST-ZIP ORLANDO FLA. 32817 ☐ Change ☒ Addition

TITLE VPS
NAME YOUNG, DAVID A
STREET ADDRESS 1593 LAWNDALE CIRCLE
CITY-ST-ZIP WINTER PARK FL 32792 ☒ Delete

TITLE HENDRICK MICHELLE R.
NAME
STREET ADDRESS 2807 SMY BLVD.
CITY-ST-ZIP ORL. FLA. 32817 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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TITLE
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:

Troy E. Hendrick

TROY E. HENDRICK

6/12/01

407-740-8664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)