

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90056 041 ***150.00

DOCUMENT # P96000049781

1. Entity Name
CORAL SPRINGS FLOWER SHOP, INC.

Principal Place of Business

7831 WEST SAMPLE RD
CORAL SPRINGS FL 33141
US

Mailing Address

7831 WEST SAMPLE RD
SUITE 301
CORAL SPRINGS FL 33141
US

2. Principal Place of Business

7831 WEST SAMPLE ROAD
 Suite, Apt. #, etc.

3. Mailing Address

7831 WEST SAMPLE ROAD
 Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL.

City & State

CORAL SPRINGS, FL.

4. FEI Number

65-0685308

Applied For

Not Applicable

Zip

33065

Country

Zip

33065

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIERCE, CLIFFORD Y
1440 JOHN F KENNEDY CSWY
SUITE 301
N BAY VILLAGE FL 33141

7. Name and Address of New Registered Agent

Name **Gayle Santuccio**
Street Address (P.O. Box Number is Not Acceptable) **7831 West Sample Rd**
City **Coral Springs** **FL** **Zip Code** **33065**

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

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	SANTUCCIO, GAYLE	
STREET ADDRESS	7831 WEST SAMPLE RD	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANTUCCIO, VINCENT	
STREET ADDRESS	7831 W SAMPLE RD	
CITY-ST-ZIP	CORAL SPRINGS, FL. 33065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E034 (9/01)