## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

1. Entity Name

P96000070173

## **FILED** Aug 04, 2003 8:00 am Secretary of State 07-21-2003 90132 005 \*\*\*150.00

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Principal Place of Business 4250 ALAFAYA TRAIL STE. 124 OVIEDO FL 32765			Mailing Address 4250 ALAFAYA TRAIL STE. 124 OVIEDO FL 32765		55053071	
2. Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHAN	IGES
City & State			City & State		4. FEI Number 59-3394 193 Applied For Not Applicable	
Zip		Country	Zip	Country		5 Additional aquired
` ` /	'SMITH, BARE EWATER DRIV		Registered Agent	0 m	7. Name and Address of New Registered Agent  The Standard	0/24
	tions of registere		Sanles	its registered office or regis	tered agent, or both, in the State of Florida. I am familiar	Code 2765 with, and accept
After Se	ptember 10, 2	FEE IS \$550.00 003 Fee will be \$750. lorida Department of			Trust Fund Contribution.	\$5.00 May Be Added to Fees
TITLE NAME STREET ADDRESS CHY-ST-ZIP	DCOP Banks, Ruti 621 Upper 1 Orlando Fi	WER COURT	DIRECTORS  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANKS RUTH B. Dan BANKS RUTH B. Dan BAS A'DALONE BLYD RLANDO, FL 32833	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	SD SMITH, SHEI 518 NEVADA DAVENPORT	LOOP RD	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	, Ch	ange Addition
TITLE NAME	TD BROPHY, RO 13021 DESEI ORLANDO FL	RT FOREST COURT	Delete	NAME STREET ADDRESS CITY-ST-ZIP	;cha	ange 🔲 Addition
TITLÉ NAME STREET ADDRESS CITY-ST-ZIP	D BANKS, ROB 3817 SHAWN ORLANDO FI	CIR.	☐ Delate	TITLE NAME STREET ADDRESS CITY-SI-ZIP	□ Cha	ange Addition
	VD BANKS III, RO 3141 INDIAN/ MIAMI FL 331	4	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cha	ange
NAME Street address			□ Deløte	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Cha	inge 🗋 Addition
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby c Indicated	3141 INDIAN MIAMI FL 331 Certify that the in	tormation supplied with r suppremental report is ecover or trustee emponent with an address, w	this filing does not qualify	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP for the exemption stated in at my signature shall have the city as required by Chapter 6 ac.	No.	the information ficer or director 10 or Block 11 if

attachment

5505307/ NF940000070172

## UNIVERSITY FLORAL & GIFT SHOPPE UNIVERSITY PALMS SHOPPING CENTER 4250 ALAFAYA TRAIL, STE. 124 OVIEDO, FL 32765

407-366-1177

FAX 407-366-0409

DIVISION OF CORPORATIONS Annual Reports Section Florida Department of State P. O. Box 6327 Tallahassee, Florida 32314

Reference No.: P96000070173, Petalz and Associates, Inc.

Dear Ladies/Gentlemen:

I have received a notice from you that Petalz, Inc. owes \$400.00 late fee for filing the Uniform Business Report. The notice I received and subsequently sent you a check in the amount of \$150.00 together with my letter of July 19, 2003, was the only notice I had received.

Apparently, the first notice went to the attorney I had 6 years ago, Barbara Rudolph Smith, who is no longer at the address listed, and who did not forward the notice on to me. I have had no need for an attorney in the past 6 years and I did not know she had moved. I have changed the current registered agent to my name so that this will not happen again.

I respectfully request that the \$400.00 late fee be waived in view of the fact that I did not receive the first notice. Now that my name is registered with you this should not happen in the future.

Thank you for your consideration in this matter.

(A)

Ruth B. Banks, President

Petalz, Inc., d/b/a

University Floral and Gift Shoppe

Enclosure