

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90442 046 \*\*\*158.75

DOCUMENT # P96000070317

1. Entity Name  
ROSES DIRECT, INC.

Principal Place of Business

P.O. BOX 620997  
ORLANDO FL 32862  
US

Mailing Address

P.O. BOX 620997  
ORLANDO FL 32862  
US

2. Principal Place of Business

7382 Chancellor Dr.

3. Mailing Address

Same

Suite, Apt. #, etc.

6267 BENT PINE DR

Suite, Apt. #, etc.

7382 Chancellor Dr.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32809

Country

Orange

Zip

32809

Country

Orange

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRETT, KELLY

6267 PINE DR

#1124 B

ORLANDO FL 32822

7382 Chancellor Dr.

32809

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.

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, 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

TITLE	PC	<input type="checkbox"/> Delete
NAME	KELLY, BRETT A	
STREET ADDRESS	6267 BENT PINE DR #1124B	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCEWEN, TERRY	
STREET ADDRESS	7382 CHANCELLOR DR	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	S	<input type="checkbox"/> Delete
NAME	KELLY, CARRIE M	
STREET ADDRESS	6267 BENT PINE DR #1124B	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCEWEN, JR, W	
STREET ADDRESS	7382 CHANCELLOR DR	
CITY-ST-ZIP	ORLANDO FL 32809	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7382 Chancellor Dr	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7382 Chancellor Dr.	
CITY-ST-ZIP	ORLANDO, FL 32809	
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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 407-8884005  
Date Daytime Phone #

CR2E034 (10/00)