## 2002 Uniform Business Report (UBR)

SIGNATURE

## Mar 25, 2002 8:00 am P96000070317 DOCUMENT # Secretary of State 1. Entity Name 03-25-2002 90132 002 \*\*\*150.00 ROSES DIRECT, INC. Mailing Address Principal Place of Business 7392 CHANGELLOR DR. 7382-CHANCELLOR DR. ORLANDO FL 32809 ORLANDO FL 32809 US 3. Mailing Address 2. Principal Place of Business 2424 OLLANDO PILWY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3396641 RLANDO Not Applicable Country \$8.17.5 Additional Country USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRETT, KELLY Street Address (P.O. Box Number is Not Acceptable) 7382 CHANCELLOR DR. ORLANDO-Ft-32809 City DRL ANDO surpose of changing its registered office or registered agent, or both, in the State of Florida nity submits this statement for the FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Delete TITLE TITLE PC KELLY, BRETT A NAME NAME DRLANDO 2424 CONTRAL PRWY STREET ADDRESS 7382 CHANCELLOR DR. STREET ADDRESS OLLANDO FL 3280 CITY-ST-ZIP ORLANDO FL 32809 CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME NAME MCEWEN, TERRY STREET ADDRESS 7382-CHANCELLOR DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32809 Addition Delete TITLE TITLE NAME NAME KELLY, CARRIE M STREET ADDRESS STREET ADDRESS 7382-CHANCELLOR DR. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32809 ☐ Change ☐ Addition □ Delete TITLE TITLE TD NAME NAME MCEWEN, JR W STREET ADDRESS 7382-CHANCELLOR DR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32809 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 this telephone 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.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NING OFFICER OR DIRECTOR DEVINE PHONE #

FILED