

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000086703

1. Entity Name
BJ FLOWERS, INC.

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90072 031 ***150.00

0104391 AV

Principal Place of Business
5768 N ORANGE BLOSSOM
ORLANDO FL 32810
US

Mailing Address
3522 N POWERS DR
ORLANDO FL 32818
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3204175

Applied For
Not Applicable

Zip Country

Zip Country

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

BURTON, JOCELYN
3522 N. POWERS DRIVE
ORLANDO FL 32818

Name: *Michael Anthony Dixon*
Street Address (P.O. Box Number is Not Acceptable): *2807 PINEWAY DR*
City: *Orlando* FL Zip Code: *32839*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PSTD
NAME: BURTON, JOCELYN
STREET ADDRESS: 3522 N. POWERS DRIVE
CITY-ST-ZIP: ORLANDO FL ☒ Delete

TITLE: P. S.T.D
NAME: Michael Anthony Dixon
STREET ADDRESS: 2807 Pine way Dr
CITY-ST-ZIP: Orlando FL 32839 ☒ Change ☐ Addition

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

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

Michael Anthony Dixon 3/19/02 407 297-5707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)