

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name P96000090493

FLORAL DESIGNS BY EILEEN INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

4420 Del Prado Blvd.
Suite, Apt. #, etc.

3. Mailing Address

509 SW 9th St.
Suite, Apt. #, etc.

City & State

Cape Coral, Florida

City & State

Cape Coral Florida

Zip

33904

Country

Lee

Zip

33991

Country

Lee

6. Name and Address of Current Registered Agent

Eileen F. Davies

509 SW 9th Street
Cape Coral, FL. 33991

4. FEI Number

65-0365775

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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, 2000 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 ☐ Delete

Director
Eileen F Davies

STREET ADDRESS
509 SW 9th St
CITY
Cape Coral FL 33991

TITLE ☐ Delete

President/Secretary/ Treasure
Karen D Brown

STREET ADDRESS
5221 SW 23rd Ave
CITY
Cape Coral FL 33914

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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:

Eileen Davies

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-12-00

Daytime Phone #

941-540-0071

CR2E034 (9/99)