

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000093376

1. Entity Name

EILEEN'S FLOWERS AND GIFTS, INC.

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90004 028 ***150.00

Principal Place of Business

Mailing Address

27405 U.S. HIGHWAY 27, SUITE 115
LEESBURG FL 34748

27405 U.S. HIGHWAY 27, SUITE 115
LEESBURG FL 34748-7914

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3424551

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

GRIFFIN-BURKE, EILEEN
5421 TANGELO STREET
LEESBURG FL 34748

Name MABEL M Schneider
Street Address (P.O. Box Number is Not Acceptable)
25008 NAVAL AVE
Leesburg FL 34748
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

Mabel M. Schneider President

01/07/00

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 P
NAME GRIFFIN-BURKE, EILEEN
STREET ADDRESS 5421 TANGELO STREET
CITY-ST-ZIP LEESBURG FL 34748 ☒ Delete

TITLE P
NAME MABEL M Schneider
STREET ADDRESS 25008 NAVAL AVE
CITY-ST-ZIP Leesburg FL 34748 ☒ Change ☐ Additio

TITLE VPS
NAME SCHNEIFER, M
STREET ADDRESS NAVAL AVE
CITY-ST-ZIP LEESBURG FL 34748 ☐ Delete

TITLE S
NAME DONALD J Schneider
STREET ADDRESS 25008 NAVAL AVE
CITY-ST-ZIP Leesburg FL 34748 ☐ Change ☒ Additio

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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:

Mabel M. Schneider

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/00

Date

Daytime Phone #

(352) 323-0002