

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

5/5

FILED
Jul 03, 2003 8:00 am
Secretary of State

05-05-2003 92209 035 ***150.00

DOCUMENT # **P97000037832**

1. Entity Name
FOX DEN FLORIST & GIFTS, INC.

(L) ✓



Principal Place of Business
**9728 66TH STREET NORTH
PINELLAS PARK FL 33782**

Mailing Address
**9728 66TH STREET NORTH
PINELLAS PARK FL 33782**

55050384



2. Principal Place of Business

3. Mailing Address

P.O. Box 451

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State
Parrish, FL

4. FEI Number **85-0746549**

Applied For
Not Applicable

Zip

Country

Zip

Country

34219

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

**ELDRIDGE, GEORGE T
11509 DR. M.L. KING JR. BLVD.
MANGO FL 33550**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PEEL, CHARLOTTE A Delete
9728 66TH STREET NORTH
PINELLAS PARK FL 33782

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition
P.O. Box 451
Parrish, FL 34219

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Charlotte A Peel* **June 1, 2003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #

CR2E034 (10/02)

941-776-0273