

**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  
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CITY-ST-ZIP  Delete

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CITY-ST-ZIP  Change  Addition

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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 #

941-776-0273

CR2E034 (10/02)