

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000065234

1. Entity Name

GREENERY FLORIST INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91131 022 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2225 INDUSTRIAL BLVD. SARASOTA FL 34231	Mailing Address 2225 INDUSTRIAL BLVD. SARASOTA FL 34231
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2. Principal Place of Business 4461 BEE RIDGE RD Suite, Apt. #, etc.	3. Mailing Address 4461 BEE RIDGE RD Suite, Apt. #, etc.
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City & State SARASOTA, FL	City & State SARASOTA, FL	4. FEI Number 65-0771319	Applied For Not Applicable
Zip 34233	Country SARASOTA	Zip 34233	Country SARASOTA

6. Name and Address of Current Registered Agent WISE, CARL S 4721 COUNTRY MANOR DR. SARASOTA FL 34233	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WISE, CARL S 4721 COUNTRY MANOR DR. SARASOTA FL 34233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WISE, PAULA H 4721 COUNTRY MANOR DR. SARASOTA FL 34233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Cuba 4/27/01 9/41/922 0795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Days Daytime Phone #

CR2E034 (10/00)