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

Mailing Address

4461 BEE RIDGE RD

SARASOTA FL 34233

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

P97000065234 DOCUMENT

▶ Country

6. Name and Address of Current Registered Agent

1. Entity Name

GREENERY FLORIST INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

WISE, CARL S

4721 COUNTRY MANOR DR. SARASOTA FL 34233

Zip

4461 BEE RIDGE RD

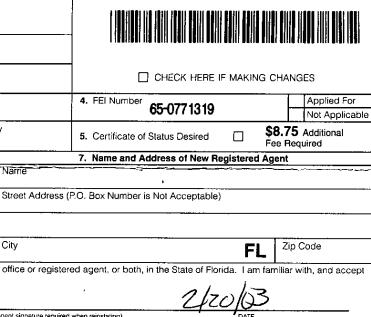
SARASOTA FL 34233



FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90228 032 ***150.00

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.8. The above named entity subplits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or primar name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fiorida Department of State 9. Election Campaign Financing Trust Fund Contribution. Added to Fees						
10.	OFFICERS AND DIRECTOR		11.	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS	IN 11
	D WISE, CARL S 4721 COUNTRY MANOR DR. SARASOTA FL 34233	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
STREET ADDRESS	D Wise, Paula H 4721 Country Manor Dr. Sarasota Fl 34233	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		- Defete	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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition

Country

City

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: