## 2002 UNIFORM BUSINESS REPORT (UBR)

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## Apr 30, 2002 8:00 am secretary of State P97000074436 **DOCUMENT #** 1. Entity Name 04-30-2002 90072 042 \*\*\*150.00 BOXES, BASKETS, & BEYOND, INC. Mailing Address Principal Place of Business ... 344 CHENEY HIGHWAY 344 CHENEY HIGHWAY TITUSVILLE FL 32780 TITUSVILLE FL. 32780 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3468594 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KEŘESEY, MARK A Street Address (P.O. Box Number is Not Acceptable) 3370 GREENVILLE ST. COC3A FL 32926 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE NAME NAME KERSEY, MARK A STREET ADDRESS 3370 GREENVILLE STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32926 ☐ Change ☐ Addition TITLE ST · · · · ☐ Delete TITLE NAME KERSEY, EILEEN S NAME STREET ADDRESS 3370 GREENVILLE STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32926 ☐ Addition ☐ Change TITLE ☐ Delete TITLE D NAME NAME KEHOE, WILLIAM M STREET ADDRESS STREET ADDRESS 352 COUNTRY LANE DR CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32926 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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

**FILED**