

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

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

06-02-2003 90198 034 \*\*\*158.75

DOCUMENT # *P97000091327*

1. Entity Name

*ARTISTIC FLORIST CREATIONS, INC.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*Artistic Florist Creations Inc.*

3. Mailing Address

*Artistic Florist Creation Inc.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*351 Dr. M.M. Bethune Blvd*

*351 Dr. M.M. Bethune Blvd.*

City & State

City & State

*Daytona Beach FL*

*Daytona Beach FL*

Zip

Zip

*32114*

*32114*

Country

Country

*Valencia*

*Valencia*

DO NOT WRITE IN THIS SPACE

4. FEI Number

*59-3474897*

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required<sup>1</sup>

7. Name and Address of Current Registered Agent

Name

*Richard K. Churchman P.A.*

Street Address (P.O. Box Number is Not Acceptable)

*1555 Mason Ave.*

City

*Daytona Beach*

FL

Zip Code

*32117*

**DO NOT WRITE  
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*President Ross, Derrick C.  
351 Dr. M.M. Bethune Blvd  
Daytona Beach FL 32114*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*Vice President Ross, Nelson D.  
351 Dr. M.M. Bethune Blvd  
Daytona Beach FL 32114*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Derrick Ross Derrick Ross*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*5-29-03 386 254-8611*

Daytime Phone #

CR2E034B (12/02)

Derrick Goss  
351 Dr. M. M. Bethune Blvd.  
Daytona Beach, Fl. 32114

Attachment

80123666

PQ7000091327

To Whom It May Concern:

I, Derrick Goss, called and requested the form, 201. COR Profit A/R, I am a new business owner, <sup>(Aug. 04 02)</sup> and had not received a form, for this business.

I was advised to call and request for this form, because I should have received one. I also was told about a fee for May 1, and after. I would like very much if you would waive this fee, because of no form and I had no knowledge of the Uniform Business Report, to prepare and send.

I have received this form (UBR) now, and will return it right away. Thank you, for filling my request. Sincerely,  
P. S. I noticed my name is Derrick Goss