

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90317 042 ***150.00

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DOCUMENT # P97000093246

1. Entity Name

MOSTLY ROSES FLORIST, INC.



Principal Place of Business

1917A DREW STREET
CLEARWATER FL 33765

Mailing Address

1917A DREW STREET
CLEARWATER FL 33765

2. Principal Place of Business

1747 Drew St

3. Mailing Address

1747 Drew St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES



City & State
Clearwater FL

City & State
Clearwater FL

4. FEI Number 59-3477691

Applied For
Not Applicable

Zip Country
33755 USA

Zip Country
33755 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KUEHNE, VICTORIA A
1917A DREW STREET
CLEARWATER FL 33765

7. Name and Address of New Registered Agent

Name: Kuehne, Victoria A
Street Address (P.O. Box Number is Not Acceptable)
1747 Drew St
Clearwater FL Zip Code 33755

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]* Pries

4/21/03

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 | P. KUEHNE, VICTORIA 3002 SAINT JOHN DR CLEARWATER FL 33759 | <input type="checkbox"/> Delete |
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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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTORIA Kuehne 4/21/03 461-0887

Date

Daytime Phone #

CPRE034 (10/02)