

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096400

1. Entity Name

FLORAL DESIGNERS, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90189 043 ***150.00

Principal Place of Business

2261 NE 12TH ST.
SUITE #1
POMPANO BEACH FL 33062
US

Mailing Address

2261 NE 12TH ST.
SUITE #1
POMPANO BEACH FL 33062
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0796860

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUSSO, FRANK M
2261 NE 12TH ST
SUITE 1
POMPANO BEACH FL 33062

Name JOLIE A DEMARCO

Street Address (P.O. Box Number is Not Acceptable)
2261 NE 12TH ST

City POMPANO BEACH

FL

Zip Code 33062

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

Signature, typed or printed name of registered agent and title if applicable.

JOLIE A DEMARCO

(NOTE: Registered Agent signature required when reinstating)

4-13-01

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPTS
NAME RUSSO, JOLIE A
STREET ADDRESS 2261 NE 12TH ST STE 1
CITY-ST-ZIP POMPANO BEACH FL 33062

☐ Delete

TITLE
NAME DEMARCO, JOLIE A
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOLIE A DEMARCO
PRESIDENT

4-13-01

Date

954-7525
Daytime Phone #

CR2E034 (10/00)