

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 04, 2002 8:00 am  
Secretary of State

02-04-2002 90051 038 \*\*\*158.75

DOCUMENT # P97000096400

1. Entity Name

FLORAL DESIGNERS, INC.

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

700 South Federal Hwy  
Suite, Apt. #, etc.  
Store # E

3. Mailing Address

Suite, Apt. #, etc.

City & State

Deerfield Bch, FL

City & State

Zip

Country

USA

Country

4. FEI Number

65-0796860

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DEMARCO, JOLIE A  
2261 NE 12TH ST  
SUITE 1  
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name: DeMarco, Jolie A  
Street Address (P.O. Box Number is Not Acceptable):  
700 South Federal Hwy store # E  
City: Deerfield Bch FL Zip Code: 33441

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.

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE	DPTS	<input checked="" type="checkbox"/> Delete
NAME	DEMARCO, JOLIE A	
STREET ADDRESS	2261 NE 12TH ST STE 1	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMARCO, JOLIE	
STREET ADDRESS	700 South Federal Hwy store E	
CITY-ST-ZIP	Deerfield Bch FL 33441	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

CR2E034 (9/01)