

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90183 028 ***150.00

DOCUMENT # P97000096400

1. Entity Name
FLORAL DESIGNERS, INC.



Principal Place of Business
700 SOUTH FEDERAL HWY
STORE # E
DEERFIELD BEACH FL 33441
US

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

90006323



2. Principal Place of Business

700 South Federal Hwy

Suite, Apt. #, etc.

Store # E

City & State

Deerfield Bch

Zip

33441

Country

3. Mailing Address

700 South Federal Hwy

Suite, Apt. #, etc.

Store # E

City & State

FL

Zip

33441

Country

☐ CHECK HERE IF MAKING CHANGES

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
700 SOUTH FEDERAL HWY
STORE # E
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name

JOLIE DEMARCO

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

1257 SW 9th Ave

City

Box A Baton FL

FL

Zip Code

33486

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

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

TITLE DPTS ☐ Delete
NAME DEMARCO, JOLIE A
STREET ADDRESS 700 SOUTH FEDERAL HWY STORE # E
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-03 454-571-788P

Date

Daytime Phone #

CR2E034 (10/02)