

DOCUMENT # P97000102598

Entity Name
J C FLORIST INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 15 PM 1:46



DO NOT WRITE IN THIS SPACE

Principal Place of Business 25 W SILVER STAR ROAD OCOE FL 34761		Mailing Address 25 W SILVER STAR ROAD OCOE FL 34761-2210	
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3478596		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COOK, JAMES 25 W SILVER STAR ROAD OCOE FL 34761		7. Name and Address of New Registered Agent Name Cheryl Rubelmann Street Address (P.O. Box Number is Not Acceptable) 1604 Maureen Avenue City Ocoee FL Zip Code 34761	

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: DATE: 12/12/00
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, JAMES		NAME		
STREET ADDRESS	15 S CUMBERLAND AVE		STREET ADDRESS	700003514887--6	
CITY-ST-ZIP	OCOE FL 34761		CITY-ST-ZIP	-12/27/00--01078--018	
TITLE	D	<input type="checkbox"/> Delete	TITLE	*****61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBLEMAN, CHERYL		NAME		
STREET ADDRESS	1604 MAUREEN AVE-		STREET ADDRESS		
CITY-ST-ZIP	OCOE FL 34761		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Gail Wofford	
STREET ADDRESS			STREET ADDRESS	P O Box 208	
CITY-ST-ZIP			CITY-ST-ZIP	Clarcona, FL 32710	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 another like empowered.

SIGNATURE: DATE: 12/12/00
Signature and typed or printed name of signing officer or director Date

CR2E034 (9/99)