

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000102598**

1. Entity Name

**J C FLORIST INC.****FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90027 025 \*\*\*150.00

Principal Place of Business

**25 W SILVER STAR ROAD**  
**OCOE FL 34761**

Mailing Address

**25 W SILVER STAR ROAD**  
**OCOE FL 34761**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3478596**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$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

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

City

**FL**

Zip Code

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, 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

TITLE **D** ☐ Delete  
NAME **COOK, JAMES**  
STREET ADDRESS **15 S CUMBERLAND AVE**  
CITY-ST-ZIP **OCOE FL 34761**TITLE **D** ☐ Delete  
NAME **RUBLEMAN, CHERYL**  
STREET ADDRESS **1604 MAUREEN AVE**  
CITY-ST-ZIP **OCOE FL 34761**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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.

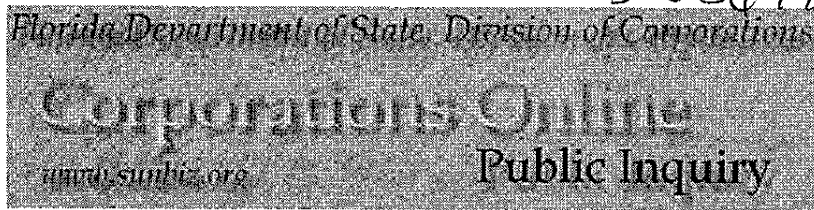
**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)



## Florida Profit

### J C FLORIST INC.

**PRINCIPAL ADDRESS**  
 25 W SILVER STAR ROAD  
 OCOEE FL 34761

**MAILING ADDRESS**  
 25 W SILVER STAR ROAD  
 OCOEE FL 34761

**Document Number**  
 P97000102598

**FEI Number**  
 593478596

**Date Filed**  
 12/03/1997

**State**  
 FL

**Status**  
 ACTIVE

**Effective Date**  
 NONE

## Registered Agent

Name & Address
RUBELMANN, CHERYL 1604 MAUREEN AVENUE OCOEE FL 34761
Name Changed: 12/15/2000
Address Changed: 12/15/2000

## Officer/Director Detail

Name & Address	Title
RUBELMANN, CHERYL 1604 MAUREEN AVE OCOEE FL 34761	D
WOFFORD, GAIL P.O. BOX 456 CLARCONA FL 32710	D

## Annual Reports

Report Year	Filed Date	Intangible Tax
1999	04/14/1999	Y
2000	05/26/2000	
2000	12/15/2000	