

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90119 007 ***150.00

DOCUMENT # P98000025377

1. Entity Name
JULIAN-MARCUS INTERIORS AND FLORIST, INC.



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| Principal Place of Business 902 E GADSDEN ST PENSACOLA FL 32501 | Mailing Address 902 E GADSDEN ST PENSACOLA FL 32501-4074 |
|---|--|

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|---|--|
| 2. Principal Place of Business 902 E Gadsden St Suite, Apt. #, etc. | 3. Mailing Address 902 E. Gadsden St Suite, Apt. #, etc. |
|---|--|

| | |
|-----------------------------------|-----------------------------------|
| City & State Pensacola Florida | City & State Pensacola Florida |
| Zip 32501 | Zip 32501 |
| Country | Country |

| | |
|--|--|
| 4. FEI Number 59-3498826 | 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

FERGUSON, MICHAEL L
4300 BAYOU BLVD. STE. 12 & 13
PENSACOLA FL 32503

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 Mary Proctor (NOTE: Registered Agent signature required when reinstating) DATE 4/28

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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete PROCTOR, MARY F 902 E GADSDEN ST PENSACOLA FL 32501 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete PROCTOR, MARK J 902 E GADSDEN ST PENSACOLA FL 32501 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Mary Proctor SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 4/28 DATE DAYTIME PHONE # 850-438-6400

CR2E034 (9/99)