

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 13, 2000 8:00 am  
Secretary of State

09-13-2000 90045 044 \*\*\*550.00

DOCUMENT # P98000032069

1. Entity Name

FLOWERS BY KATHLEEN, INC.

Principal Place of Business

6246 W. OAKLAND PATK BLVD.  
SUNRISE FL 33313

Mailing Address

6246 W. OAKLAND PATK BLVD.  
SUNRISE FL 33313

2. Principal Place of Business

2001 NW 55 AVE

Suite, Apt. #, etc.

3. Mailing Address

2001 NW 55 AVE

Suite, Apt. #, etc.

City & State

MARGATE FL

City & State

MARGATE FL

4. FEI Number

65-0828541

Applied For

Not Applicable

Zip

Country

33063 BROWARD

Zip

Country

33063 BROWARD

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WORSLEY, P K  
6246 W. OAKLAND PARK BLVD.  
SUNRISE FL 33313

7. Name and Address of New Registered Agent

Name  
WORSLEY, P K  
Street Address (P.O. Box Number is Not Acceptable)  
2001 NW 55 AVE  
City  
MARGATE FL Zip Code  
33063

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 *P. Kathleen Worsley*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-5-2000

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
P  
WORSLEY, P. KATHLEEN  
3246 W. OAKLAND PARK BLVD.  
SUNRISE FL 33313 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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TITLE  
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CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
2001 NW 55 AVE.  
MARGATE, FL 33063

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

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

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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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: *P. Kathleen Worsley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-5-2000

Date

309-8700

Daytime Phone #

CR2E034 (5/00)