

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000045198** ✓

1. Entity Name

Bloom & Grow Flower Shop

Principal Place of Business **2005 16TH AVE** Mailing Address

VERO BEACH FL. 2005 16TH AVE
32960 VERO BEACH FL 32960

2. Principal Place of Business **2005 16TH AVE** 3. Mailing Address

VERO BEACH FL. 2005 16TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH

City & State

VERO BEACH FL

4. FEI Number

G98012006131

Applied For

Not Applicable

Zip

32960

Country

INDIAN RIVER

Zip

32960

Country

INDIAN RIVER

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RONALD E. MEADOWS II

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 **Ronald E. Meadows II**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pres.** ☐ Delete
NAME **GARY T. LOH**
STREET ADDRESS **2005 16TH AVE**
CITY-ST-ZIP **VERO BEACH FL. 32960**

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

TITLE **Vice Pres.** ☐ Delete
NAME **RONALD E. MEADOWS II**
STREET ADDRESS **2005 16TH AVE**
CITY-ST-ZIP **VERO BEACH FL. 32960**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

Ronald E. Meadows II
- SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-01

Date

561-562-4555

Daytime Phone #

CR2E034 (11/00)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90103 020 ***150.00

A0051532

DO NOT WRITE IN THIS SPACE