

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000061768**

1. Entity Name

ST. CLOUD FLORIST SHOPPE, INC.**FILED****Jan 23, 2001 8:00 am**
Secretary of State

01-23-2001 90130 005 ***150.00

Principal Place of Business

**100 WEST CYPRESS CREEK ROAD
SUITE 700
FT. LAUDERDALE FL 33309**

Mailing Address

**100 WEST CYPRESS CREEK ROAD
SUITE 700
FT. LAUDERDALE FL 33309**

UUUU 7146



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3522552**

Applied For

Not Applicable

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

**BLODIG, GREGORY J ESQ.
GREENSPOON, MARDER, HIRSCHFIELD, RAFKIN
100 WEST CYPRESS CREEK ROAD SUITE 700
FT. LAUDERDALE FL 33309**

Name

TERRY LEE ROBERTS

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

2665 HILLIARD CT.

City

KISSIMMEE,**FL**

Zip Code

34744

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, ROBERT D 200 NORTH FEDERAL HIGHWAY POMPAHO BEACH FL 33062	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEPPEN, RONALD L 200 NORTH FEDERAL HIGHWAY POMPAHO BEACH FL 33062	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, TERRY L 1717 BOGGY CREEK ROAD KISSIMMEE FL 34744	<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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRY LEE ROBERTS**1/8/00**

Date

(407) 847-2494

Daytime Phone #

CR2E034 (10/00)