

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061768

1. Entity Name

ST. CLOUD FLORIST SHOPPE, INC.

FILED
Aug 01, 2002 8:00 am
Secretary of State

08-01-2002 90164 039 ***150.00

UBR0014 AV

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

2. Principal Place of Business

2018 13th STREET

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Cloud FLORIDA

City & State

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

ROBERTS, TORRY LEE
2665 HILLIARD COURT
KISSIMMEE FL 34744

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00 / \$0.00
After September 13, 2002 Fee 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 D
NAME RUSSELL, ROBERT D
STREET ADDRESS 200 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Delete

TITLE D
NAME DEPPEN, RONALD L
STREET ADDRESS 200 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Delete

TITLE D
NAME ROBERTS, TERRY L
STREET ADDRESS 1717 BOGGY CREEK ROAD
CITY-ST-ZIP KISSIMMEE FL 34744 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

TERRY L ROBERTS

7/24/02

(407) 847-9040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)

Attachment
Doc. # 98000061768

July 24, 2002

Dept. of State
Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, Florida 32302-1500

To Whom It May Concern:

Please find enclosed our completed 2002 Uniform Business Report for St. Cloud Florist Shoppe, Inc. and our check made payable to the Dept. of State in the amount of \$150.00.

The corporation did not receive any prior notices of an Annual Report to file, therefore we are filing now.

Thank you,



Terry Lee Roberts
Officer for the corporation