

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90081 005 \*\*\*150.00

**DOCUMENT # P98000063126**

1. Entity Name

**FRENCH BLOSSOMS, INC.**

Principal Place of Business

Mailing Address

1261 LAKESIDE DR.  
VENICE FL 342931261 LAKESIDE DR.  
VENICE FL 34293-2816

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0863168**

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

**LAU-HANSEN, JOELLE**  
**1261 LAKESIDE DR.**  
**VENICE FL 34293**

Name

**LAU-HANSEN, JOELLE**

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

**1782 COCONUT DR**

City

**VENICE****FL**

Zip Code

**34293**

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

**Joelle Lau-Hansen (JOELLE LAU-HANSEN)****3-10-00**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PT	LAU-HANSEN, JOELLE	<input type="checkbox"/>			
STREET ADDRESS	1261 LAKESIDE DR.			1782 COCONUT DR	
CITY-ST-ZIP	VENICE FL 34293			VENICE FL 34293	
VS	LAU-HANSEN, JOELLE	<input type="checkbox"/>			
STREET ADDRESS	1261 LAKESIDE DR.			1782 COCONUT DR	
CITY-ST-ZIP	VENICE FL 34293			VENICE FL 34293	
		<input type="checkbox"/>			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/>			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/>			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/>			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/>			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/>			<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

Date

Daytime Phone #

**Joelle Lau-Hansen (JOELLE LAU-HANSEN)****3-10-00**

CR2E034 (9/99)