## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P98000063126 **DOCUMENT #**

1. Entity Name

FRENCH BLOSSOMS, INC.



## **FILED** Apr 17, 2003 8:00 am Secretary of State 04-17-2003 90131 011 \*\*\*150.00

			OD WE TO			
Principal Plac	E DR.	Mailing Address 1261 LAKESIDE DR.				
VENICE FL 34	293	VENICE-FL 34293	, <u>regu</u> ,			
2. Principal Place of Business		3. Mailing Address			•••	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-0863168 Applied Fo Not Applied		
Zip	Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required		
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent		
			Name	•	-	
LAU-HANSEN, JOELLE 1782 COCONUT DR			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
VENICE F	L 34293					
<u>(</u>	•		City	FL Zip Code	,	
	named entity submits this statement for ions of registered agent.	the purpose of changing it	s registered office or regis	gistered agent, or both, in the State of Florida. I am familiar with, and acc	ept	
SIGNATURE .				·		
	Signature, typed or printed name of registered agent a	nd title if applicable. (NO	TE: Registered Agent signature requ	required when reinstating) DATE		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May E Trust Fund Contribution.	Be	
10	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	☐ Delete	TITLE	☐ Change ☐ Add	dition	
NAME	LAU-HANSEN, JOELLE		NAME			
STREET ADDRESS CITY-ST-ZIP	1782 COCONUT DR VENICE FL 34293		STREET ADDRESS CITY-ST-ZIP			
TITLE NAME	vs Lau-Hansen, Joelle	☐ Delete	TITLE NAME	☐ Change ☐ Add	dition   (	
STREET ADORESS	1782 COCONUT DR		STREET ADDRESS			
CITY-ST-ZIP	VENICE FL 34293		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	ition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	dition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	· Change Add	dition	
NAME			NAME	•	.	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CHY-ST-ZIP			
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	dition	
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
0111-31-21F			0111-31-ZIF			

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.