

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90037 011 ***150.00

DOCUMENT # P98000081988

1. Entity Name
FLOWERS BY SCOT, INC.

Principal Place of Business
**1458 THE POINTE DR
WEST PALM BEACH FL 33409**

Mailing Address
**1458 THE POINTE DR
WEST PALM BEACH FL 33409**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1253 PINESAGE CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
1253 PINESAGE CIRCLE
Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FL
Zip
33409
Country

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WEST PALM BEACH, FL
Zip
33409
Country

4. FEI Number
65-0864570

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WAUCHOPE, SCOT
2111 BRANDYWINE ROAD, #412
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

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 _____
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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAUCHOPE, SCOT 2111 BRANDYWINE ROAD, #412 WEST PALM BEACH FL 33409 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02 **561718-2284**
Date Daytime Phone #

CR2E034 (9/01)