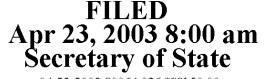
## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR) P98000083464 **DOCUMENT #** 1. Entity Name ASHLEY'S FLORIST INC.



04-23-2003 90064 026 \*\*\*150.00

			COD WE THE		
Principal Place of Business 4987 W ATLANTIC AVENUE DELRAY BEACH FL 33445		Mailing Address 4987 W ATLANTIC AVENUE DELRAY BEACH FL 33445			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKIN	G CHANGES
City & State		City & State 4.		4. FEI Number 65-0883160	Applied For Not Applicable
Zip	Country	Zip :	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current F	l Registered Agent	<u> </u>	7. Name and Address of New Registered	
			Name		
MORGAN, MELISSA 4987 W ATLANTIC AVENUE		Street Address (I		O. Box Number is Not Acceptable)	
DELRAY BEACH FL 33445					
			City	FI	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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NO	TE: Registered Agent signature require	ad when reinstating) DATE	
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After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of		State	. <u>H</u>	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 11
TITLE	D .	☐ Delete	TITLE	ABBITIONO, OTHER TO CALL OF THE PARTY	☐ Change ☐ Addition
NAME	MORGAN, MELISSA		NAME		
STREET ADDRESS	4987 W ATLANTIC AVENUE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33445		CITY-ST-ZIP		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			NAMÉ STREET ANNDESS		
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		İ

12. 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 at attachment with an address, with all other like empowered.

**SIGNATURE:** 

Melissa Morgan