

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/31

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**  
 05-03-2000 90031 003 \*\*\*150.00

**DOCUMENT # P99000019904**

1. Entity Name

**FLORALS BY MICHAEL, INC.**

Principal Place of Business

132 PERRY AVE UNIT B  
 FORT WALTON BEACH FL 32548

Mailing Address

132 PERRY AVE UNIT B  
 FORT WALTON BEACH FL 32548-5563

2. Principal Place of Business

**130-C PERRY AVE**  
 Suite, Apt. #, etc.

3. Mailing Address

**130-C PERRY AVE**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**FORT WALTON BEACH, FL**

City & State

**FORT WALTON BEACH, FL**

4. FEI Number

**65-0905154**

Applied For  
 Not Applicable

Zip ~~32548-5563~~ Country ~~OKALOOKIA~~

**32548-5563 OKALOOKIA**

Zip ~~32548-5563~~ Country ~~OKALOOKIA~~

**32548-5563 OKALOOKIA**

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

6. Name and Address of Current Registered Agent

**REDMAN, MICHAEL**  
**17 CHOCTAWHATCHEE RD SE**  
**FORT WALTON BEACH FL 32548**

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]*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

**CK#1510**  
**3-8-2000**  
 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, 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

TITLE **PRESIDENT**  
 NAME **MICHAEL L. Redman**  
 STREET ADDRESS **130-C PERRY AVE**  
 CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
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 CITY-ST-ZIP

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-8-2000** **794-0307**  
 Date Daytime Phone #

CR2E034 (9/99)