

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
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2. Principal Place of Business 130-C PERRY AVE Suite, Apt. #, etc.	3. Mailing Address 130-C PERRY AVE Suite, Apt. #, etc.
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City & State FORT WALTON BEACH, FL	City & State FORT WALTON BEACH, FL
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Zip 32548-5563 32548-5563 Country OKALOUSIA OKALOUSIA	Zip 32548-5563 32548-5563 Country OKALOUSIA OKALOUSIA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0905154	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 *Michael Redman* **CK#1510** **3-8-2000**
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.
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	<input type="checkbox"/> Delete
NAME MICHAEL L. Redman	
STREET ADDRESS 130-C Perry Ave	
CITY-ST-ZIP Fort Walton Beach, FL 32548	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(f), 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 *Michael Redman* **3-8-2000** **796-0307**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2034 (9/99)