

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039966

1. Entity Name

FLORAL IMPORTERS, INC.

Principal Place of Business

725 N MAGNOLIA AVE  
ORLANDO FL 32803

Mailing Address

725 N MAGNOLIA AVE  
ORLANDO FL 32803-3808

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

STONE, STEPHEN M  
725 N MAGNOLIA AVE  
ORLANDO FL 32803

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; 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	PD	<input type="checkbox"/> Delete
NAME	BEALE, W L	
STREET ADDRESS	725 N MAGNOLIA AVE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	BUTTO, ALBERT	
STREET ADDRESS	725 N MAGNOLIA AVE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DRENTH, SIDNEY	
STREET ADDRESS	725 N MAGNOLIA AVE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	AUSTIN, GREGORY	
STREET ADDRESS	725 N MAGNOLIA AVE	
CITY-ST-ZIP	ORLANDO FL 32803	
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		
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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90080 008 \*\*\*150.00

UUU30000



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied for

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

CR2E034 (9/99)