

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047053

1. Entity Name

NATURE'S BOUQUET FLORAL & GIFT BOUTIQUE, INC.

P

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90015 001 ***150.00

Principal Place of Business

1685 GRANTHAM DRIVE
WELLINGTON FL 33414

Mailing Address

1685 GRANTHAM DRIVE
WELLINGTON FL 33414

2. Principal Place of Business

13800-10 Wellington Trace
Suite, Apt. #, etc.

3. Mailing Address

13800-10 Wellington Trace
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Wellington, FL

City & State

Wellington, FL

4. FEI Number

65-0922212

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FROELICH, JOHN F CPA
12773 W. FOREST HILL BOULEVARD
SUITE 1201
WELLINGTON FL 33414

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **D** ☐ Delete
NAME **BOGERT, DEBRA S**
STREET ADDRESS **1685 GRANTHAM DRIVE**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Debra S. Bogert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/00
Date

561/798-4018
Daytime Phone #

CR2/EX 4. 1/00