

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049661

1. Entity Name

POVIA FLORIST, INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90118 028 \*\*\*150.00

Principal Place of Business

Mailing Address

1268 BILTMORE DR.  
FT. MYERS FL 33901

1268 BILTMORE DR.  
FT. MYERS FL 33901-8708

2. Principal Place of Business

6900-28 Daniels Pkwy.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Daniels Crossing Shopping Center

City & State

City & State

Ft. Myers, FL

Zip

Country

Zip

Country

33912

U.S.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POVIA, MARIA C  
1268 BILTMORE DR.  
FT. MYERS FL 33901

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 *Maria Christine Povia*

4-28-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	POVIA, MARIA C	
STREET ADDRESS	1268 BILTMORE DR.	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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: *Maria Christine Povia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00  
Date

Daytime Phone #

Maria C. Povia

CR2E034 (9/99)