

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053310

1. Entity Name

CONSCIOUSNESS-BLOSSOMS, INC.

f

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90205 047 ***150.00

Principal Place of Business

3390 TAMPA ROAD
PALM HARBOR FL 34684

Mailing Address

305 4TH AVE SOUTH
SAFETY HARBOR FL 34695

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

✓ 59-3580806

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

A0073407



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HURWIT, TILVILA
305 4TH AVE. S.
SAFETY HARBOR FL 34695

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HURWIT, TILVILA**
STREET ADDRESS **305 4TH AVE. SOUTH**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

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

TITLE ☐ Delete
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 14, 2000

Date

(727) 726-2707

Daytime Phone #

CR2E034 (5/00)

Attachment P99001053310
A0073407

Tilvila Hurwit, President
Consciousness-Blossoms, Inc.
305 4th Ave. South, Safety Harbor, FL 34695

August 14, 2000

Dear Divisions of Corporations,

I just received this bill from you and did not receive the first notice. I am a brand new company and was not aware that I was supposed to file this form and pay a fee to the state in January. Would you kindly allow me to pay the \$150 due in January and waive the late fee? I will definitely know for next year. Enclosed is \$150. Thank you very much.

Sincerely,

Tilvila Hurwit

Tilvila Hurwit, President
Consciousness-Blossoms, Inc.