

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90335 011 \*\*\*150.00

**DOCUMENT # P99000057373**  
 1. Entity Name  
**FLORAL SALES, INC.**

Principal Place of Business <b>17242 SW 88 AVENUE MIAMI FL 33157</b>	Mailing Address <b>17242 SW 88 AVENUE MIAMI FL 33157</b>
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000410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>PO Box 148</b> Suite, Apt. #, etc.	3. Mailing Address <b>PO Box 148</b> Suite, Apt. #, etc.
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City & State <b>EARLETON, FL</b>	City & State <b>EARLETON, FL</b>	4. FEI Number <b>65-0936218</b>	Applied For Not Applicable
Zip <b>32631</b>	Country <b>ALACHUA</b>	Zip <b>32631</b>	Country <b>ALACHUA</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KERR, NANCY**  
**17242 SW 88 AVENUE**  
**MIAMI FL 33157**

7. Name and Address of New Registered Agent  
 Name: **Kerr, Nancy**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11808 NE 205 TERRACE**  
 City: **Earleton** FL Zip Code **32631**

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]* (NOTE: Registered Agent signature required when reinstating) DATE: **1-30-01**

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KERR, NANCY</b> <b>17242 SW 88 AVENUE</b> <b>MIAMI FL 33157</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KERR, TOM</b> <b>17242 SW 88 AVENUE</b> <b>MIAMI FL 33157</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Kerr, Nancy</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>11808 NE 205 Terr</b> <b>EARLETON, FL 32631</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Kerr, Tom</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>11808 NE 205 Terr</b> <b>Earleton, FL 32631</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **NANCY C. KERR** DATE: **1-30-01** DAYTIME PHONE #: **352-468-3865**

CR2E034 (10/00)