

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90068 031 ***150.00

DOCUMENT # P99000073391

1. Entity Name
GREENHAUS FLOWERS & GIFTS, INC.



Principal Place of Business
**4795 FAY BLVD.
21
COCOA FL 32927
US**

Mailing Address
**6466 FAIRCHILD AVENUE
COCOA FL 32927
US**



2. Principal Place of Business

3. Mailing Address

4795 Fay Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#21

City & State

City & State
Cocoa, Fl.

4. FEI Number

59-3591666

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORAN, ANGELISA R
6466 FAIRCHILD AVENUE
COCOA FL 32927**

Name

Moran, Angelisa R.

Street Address (P.O. Box Number is Not Acceptable)

4795 Fay Blvd., #21

City

Cocoa

FL

Zip Code

32927

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORAN, ANGELISA R 6466 FAIRCHILD AVENUE COCOA FL 32927	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSWELL, FAYE 4669 PATRICK LANE COCOA FL 32927	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 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 #

Angelisa R. Moran President 3/12/03 321-631-5579

CR2E034 (10/02)