

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91054 019 ***150.00

DOCUMENT # P99000079900

1. Entity Name
FLOWERS TRANSPORT, INC.



Principal Place of Business
**2356 HUNTINGTON GREEN COURT
ORLANDO FL 32839**

Mailing Address
**POST OFFICE BOX 585886
ORLANDO FL 32858**



2. Principal Place of Business
**5132 CONROY RD
912**

3. Mailing Address
P.O. Box 585886

Suite, Apt. #, etc.
912

City & State
ORLANDO FL

City & State
ORLANDO FL

Zip
32811

Country
USA

Zip
32858

Country
USA

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FLOWERS, SYDNEY
2356 HUNTINGTON GREEN COURT
ORLANDO FL 32839

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

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE P	<input type="checkbox"/> Delete
NAME FLOWERS, SYDNEY	
STREET ADDRESS 2356 HUNTINGTON GREEN COURT	
CITY-ST-ZIP ORLANDO FL 32839	
TITLE T	<input type="checkbox"/> Delete
NAME FLOWERS, LENOX	
STREET ADDRESS 449 SW 159 TERR	
CITY-ST-ZIP PEMBROKE PINES FL 33027	
TITLE VP	<input type="checkbox"/> Delete
NAME FLOWERS, DESMOND	
STREET ADDRESS 449 SW 159 TR	
CITY-ST-ZIP PEMBROKE PINES FL 33027	
TITLE S	<input type="checkbox"/> Delete
NAME FLOWERS, JUNE	
STREET ADDRESS 2356 HUNTINGTON GREEN COURT	
CITY-ST-ZIP ORLANDO FL 32839	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SYDNEY FLOWERS	
STREET ADDRESS 5132 CONROY RD # 912	
CITY-ST-ZIP ORLANDO FL 32811	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JUNE FLOWERS	
STREET ADDRESS 5132 CONROY RD # 912	
CITY-ST-ZIP ORLANDO, FL 32811	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 REQUIRED **4-19-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)