

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080325

1. Entity Name

PARTIES & PETALS, INC.

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90013 022 \*\*\*150.00

Principal Place of Business

Mailing Address

~~431 N. 2ND ST., STE. 225~~  
FT. PIERCE FL 34950

~~431 N. 2ND ST., STE. 225~~  
FT. PIERCE FL 34950

2. Principal Place of Business

3. Mailing Address

301 So. 6<sup>th</sup> Street

301 So. 6<sup>th</sup> Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT PIERCE FL

City & State

4. FEI Number

65-590947974

Applied For

Not Applicable

Zip

Country

34950

USA

Zip

Country

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

CHANNON, PATRICIA M

~~431 N. 2ND ST., STE. 225~~  
FT. PIERCE FL 34950

Name

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

301 So. 6<sup>th</sup> Street

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: Patricia M. Channon

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D9 VARN, SUZANNE B 3433 GORDY RD. FT. PIERCE FL 34945	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTS CHANNON, PATRICIA M 7995 PLANTATION LAKES DR. PORT ST. LUCIE FL 34986	<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

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
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

465-6446 W  
4-16-01 561464-5887 H

0435413

CR2E034 (10/00)