

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086393

1. Entity Name

FLORAL DESIGN BY HEIDI, INC.

FILED

Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90035 022 ***150.00

Principal Place of Business

4566 EAGLE KEY CIR.
NAPLES FL 34112

Mailing Address

4566 EAGLE KEY CIR.
NAPLES FL 34112-5205

2. Principal Place of Business

1245 AIRPORT ROAD SOUTH

3. Mailing Address

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

4. FEI Number

59-3600183

Applied For

Not Applicable

Zip

34104

Country

COLLIER

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RISE, ROGER B P.A.
5425 PARK CENTRAL CT.
NAPLES FL 34109

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.

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 \$150.00
After MAY 1, 2000 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

D

DZUIBLA, MICHAEL
4566 EAGLE KEY CIR.
NAPLES FL 34112

☐ Delete

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ 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 persons empowered.

SIGNATURE:

Michael Dzuibla
M. DZUIBLA

Date

3-1-00

Daytime Phone #

262 0588