

2000 UNIFORM BUSINESS REPORT (UBR)

REJECTED

FILED 06-20-2000 90009 047 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00065104

DO NOT WRITE IN THIS SPACE

DOCUMENT # 999000087587

1. Entity Name
FANCY FLOWERS, INC.

Principal Place of Business
2841 NE 51st Street
Fort Lauderdale, FL 33308

Mailing Address
Same

2. Principal Place of Business
2845 NE 51st Street
Suite, Apt. #, etc.

3. Mailing Address
Same as #2
Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

4. FEI Number
☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
2841 E. Commercial Blvd.
Ft. Lauderdale, FL 33308

7. Name and Address of New Registered Agent
Name: Kathleen McIntire
Street Address (P.O. Box Number is Not Acceptable):
2845 NE 51st Street
City: Ft. Lauderdale FL Zip Code: 33308

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ (See criteria on back)

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	Change	Addition
Director:	Kathleen McIntire	2841 E. Commercial Blvd.	Fort Lauderdale, FL 33308	☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President/Director:	Kathleen McIntire	2845 NE 51st Street	Fort Lauderdale, FL 33308	☒	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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: Kathleen A. McIntire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2034 (9/99)

TS

954-938-4322
Daytime Phone #