## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000091689

BLUd

6. Name and Address of Current Registered Agent

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

Country

5101 SE MEADOW SPRINGS BLVD.

9. This corporation is eligible to satisfy its Intangible

MARTIN

ALL IN BLOOM FLORIST, INC.

Principal Place of Business ..... SE MEADOW SPRINGS BLVD. -T::≟≅⊤ FL 34997

2. Principal Place of Business

Suite, Apt. #, etc.

STUART

City & State

Zip 3499 4

SIGNATURE

41 E OCEAN

STONE, SALLY

STUART FL 34997

Mailing Address

3. Mailing Address

City & State

Zip

SAME

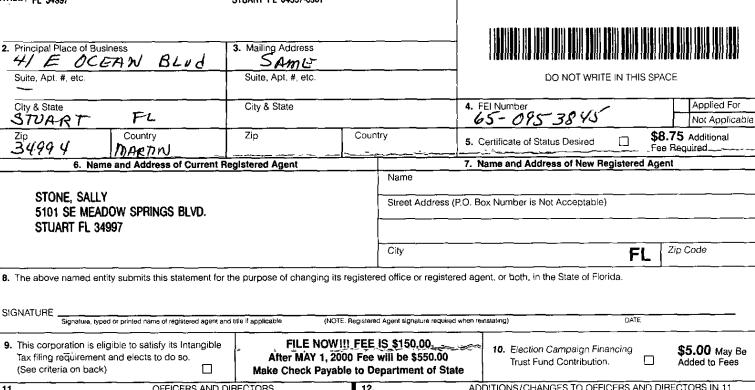
Suite, Apt. #, etc.

5101 SE MEADOW SPRINGS BLVD. STUART FL 34997-6531

## **FILED** Mar 01, 2000 8:00 am Secretary of State

03-01-2000 90036 049 \*\*\*150.00

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Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Delete TITLE TITLE SALLY STONE SINI SE METHOW SPRES NAME BLUd 5/0/ STREET ADDRESS STREET ADDRESS 34994 CITY-ST-ZIP CITY-ST-ZIP STUART, PL TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Country

FILE NOW!!! FEE IS \$150,00.

Name

City

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 eath; 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

561-286-8090

CR2E034 (9/99)