

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT 21 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000091689

1. Entity Name

ALL IN BLOOM FLORIST, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

41 E. OCEAN BL.

Suite, Apt. #, etc.

3. Mailing Address

41 E. OCEAN BL.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Stuart, FL.

City & State

Stuart, FL.

4. FEI Number

65-0953845

Applied For

Not Applicable

Zip

34994

Country

U.S.A.

Zip

34994

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

CAROL A. Reichner

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

2001 SW AKOROT RD.

City

Port St Lucie

FL

Zip Code

34953

**DO NOT WRITE  
IN THIS SPACE**

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

Carol A. Reichner President

10/17/03

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT  
CAROL A. Reichner  
2001 SW AKOROT RD  
PORT ST LUCIE, FL 34953

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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400023980364  
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Carol A. Reichner, Pres.

10/17/03

(772) 286-8090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034B (12/02)

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