

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90148 037 ***150.00

0012014

DOCUMENT # P99000092399

1. Entity Name
CYNTHIAS FLORAL DESIGNS, INC.

Principal Place of Business 3617 CROWN POINT RD., STE. #1 JACKSONVILLE FL 32257	Mailing Address PO BOX 24668 JACKSONVILLE FL 32241
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3915 Hendricks Ave.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jacksonville, FL.	City & State
Zip 32207	Country USA

4. FEI Number 59-3616594	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HERNANDEZ, MEREDITH A
 3617 CROWN POINT RD., STE. #1
 JACKSONVILLE FL 32257**

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 *Meredith Allen Hernandez* **2/7/01**
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, 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

TITLE PD	<input type="checkbox"/> Delete
NAME CLARK, ROBERT	
STREET ADDRESS P.O. BOX 24668	
CITY-ST-ZIP JACKSONVILLE FL 32241-4668	
TITLE STD	<input type="checkbox"/> Delete
NAME CLARK, CYNTHIA	
STREET ADDRESS P.O. BOX 24668	
CITY-ST-ZIP JACKSONVILLE FL 32241-4668	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 the owner 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: *✓ C. Clark* **3/26/01** **288-8999**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)