

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 20, 2001 8:00 am**
Secretary of State

02-20-2001 90075 024 ***150.00

DOCUMENT # P990000969751. Entity Name
CARLAINE, INC.

Principal Place of Business

%GREENHOUSE FLORIST
694 CHERRY HWY
TITUSVILLE FL 32780

Mailing Address

%GREENHOUSE FLORIST
694 CHERRY HWY
TITUSVILLE FL 32780

2. Principal Place of Business

DBA GREEN HOUSE FLORIST

3. Mailing Address

DBA GREEN HOUSE FLORIST

Suite, Apt. #, etc.

694 CHENEY HIGHWAY

Suite, Apt. #, etc.

694 CHENEY HIGHWAY

City & State

TITUSVILLE, FL

City & State

TITUSVILLE, FL

Zip

32780

Country

USA

Zip

32780

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3607327**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BIANCO, ROBERT C
2255 KANSAS STREET
TITUSVILLE FL 32780

7. Name and Address of New Registered Agent

Name

LOUIS VENUTI

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

131 HARRISON STREET

City

TITUSVILLE**FL**

Zip Code

32780

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

*Louis Venuti***1-25-01**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BIANCO, ROBERT C**
STREET ADDRESS **2255 KANSAS STREET**
CITY-ST-ZIP **TITUSVILLE FL 32780**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 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: *Robert C Bianco* **Robert Bianco**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-01

Date

321-268-0610

Daytime Phone #

CR2E034 (10/00)