

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S16727

1. Entity Name

THE FLOWER MARKET OF TALLAHASSEE, INC.

FILED

Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90001 040 ***150.00

Principal Place of Business

Mailing Address

BETTON PLACE
1950 - F THOMASVILLE ROAD
TALLAHASSEE FL 32303

BETTON PLACE
1950 - F THOMASVILLE ROAD
TALLAHASSEE FL 32303-5262

2. Principal Place of Business

3. Mailing Address

1950 Thomasville Rd

1950 Thomasville Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7

7

City & State

City & State

Tallahassee FL

Tallahassee, FL

Zip

Country

Zip

Country

32303

LEON

32303

LEON

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEEKS, ANN
1950 THOMASVILLE RD #F
TALLAHASSEE FL 32303

Name

Ann Weeks

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

1950 Thomasville Rd #

City

Tallahassee

FL

Zip Code

32303

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: Ann Weeks Pres.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-16-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WEEKS, ANN	
STREET ADDRESS	1950 THOMASVILLE RD #F	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: Ann Weeks Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-00 681-0558
Date Daytime Phone #

CR2E034 (9/99)