

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/1/00-90114-011-\$150.00-\$150.00

DOCUMENT # S56250

1. Entity Name

LYNN HAVEN FLORISTS, INC.

FILED

00 MAR -2 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00010420



DO NOT WRITE IN THIS SPACE

Principal Place of Business

725 OHIO AVE  
LYNN HAVEN FL 32444  
US

Mailing Address

72 OHIO AVE  
LYNN HAVEN FL 32444  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3077320

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLARK, MARY L  
725 OHIO AVE  
LYNN HAVEN FL 32444

7. Name and Address of New Registered Agent

Name Leroy A. Parsons III

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

725 Ohio Ave

City LYNN HAVEN

FL Zip Code 32444

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

Leroy A. Parsons III

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

(NOTE: Registered Agent signature required when reinstating)

2-29-00

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, 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

TITLE P  
NAME CLARK, MARY L  
STREET ADDRESS 725 OHIO AVE  
CITY-ST-ZIP LYNN HAVEN FL ☒ Delete

TITLE P  
NAME Leroy A. Parsons III  
STREET ADDRESS 725 Ohio Ave  
CITY-ST-ZIP LYNN HAVEN, FL 32444 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: Leroy A. Parsons III Leroy A. Parsons III 1-28-00 (850) 265-8305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE