

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 559944**

1. Entity Name

FTD INVESTMENTS, INC.

Principal Place of Business

Mailing Address

102 NORTH SWINTON AVE.**SAME****DEL RAY BEACH, FL 33444**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0299017

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEVEN KEYSER**FERGERSON, SKIPPER, SHAW KEYSER, BARUN +
TIRABASSI****1515 RINGLING BLVD., SUITE 1000****SARASOTA FL 34236**

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

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

(NOTE: Registered Agent signature required when retiring)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)**After MAY 1, 2004 P&M will be \$350.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	PD	Kaltenbacher, Philip D	1515 Ringling Blvd Ste 1000	
		Sarasota FL	34236	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	STO	Carr, Jo Ann K.	1515 Ringling Blvd Ste 1000	
		Sarasota, FL	34236	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	PD	Kaltenbacher Helen	1515 Ringling Blvd Ste 1000	
		Sarasota FL	34236	

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

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

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

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

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

TITLE	NAME	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)(f), 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 remove this report as required by Chapter 907, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an assignment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF A VOTING OFFICER OR DIRECTOR

4/30/01**(666) 666 9600**

CR2E004 (11/00)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91592 034 ***150.00

552175

DO NOT WRITE IN THIS SPACE