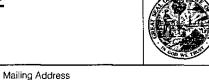
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

S84502 **DOCUMENT #**

1. Entity Name WINTER PARK FLORIST, INC.



FILED							
FILED ay 01, 2003 8:00 am	5646						
ecretary of State	Ą						
05-01-2003 90391 024 ***150.00	<						

Principal Plac 519 PARK AV WINTER PARI		Mailing Address 519 PARK AVE. SOUTH WINTER PARK FL 32789								
2. Principal Place of Business		3. Mailing Address						<u> </u>	H	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4, 1	59-3085909		Applied For Not Applicable		
Zip	Country VSA	Zip	Country U.	34	5. (Certificate of Status Desired		\$8.75 Additional Fee Required		
استورات بالمارات	6Name and Address of Current	Registered Agent			7,l	Name and Address of New Reg	istered Ag	ent		
POOLE, WILLIAM F., IV			-	Name Street Address (P.O. Box Number is Not Acceptable)						
	OLONIAL DR.				· · · · · · · · · · · · · · · · · · ·					
ORLAND(O FL 32804			O:b.				7: Cod		
i,				City			FL	Zip Code	e	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered	office or regi	stered ag	ent, or both, in the State of Florida	a. I am far	niliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered A	Agent signature rec	uired when re	sinstating)	DATE			
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	f State				Election Campaign Financ Trust Fund Contribution.	cing		May Be to Fees	
10.	OFFICERS AND DIRECTORS		11.		AD	DITIONS/CHANGES TO OFFICE	RS AND D	IRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ford, Ray 519 Park Ave. South Winter Park Fl	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			[_ Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D FORD, DEBBIE 519 PARK AVE. SOUTH WINTER PARK FL	☐ Delete		ADDRESS T-ZIP] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S'	ADDRESS T-ZIP			[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS 1-zip			[] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-SI	ADDRESS 1-ZIP] Change	Addition	
indicated of the cor	pertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, v	true and accurate and that movered to execute this report a	ny signatur as required	e shall have t	he same l	egal effect as if made under oath	i; that I am	an officer	or director	

SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: