

2000 UNIFORM BUSINESS REPORT (UBR)

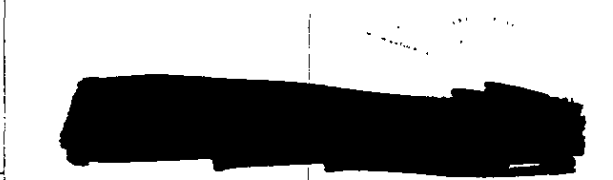
FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90054 049 ***150.00

DOCUMENT # V04682
1. Entity Name
 Flowers To Go, Inc.

Principal Place of Business **Mailing Address**
 400 East Colonial Drive 400 East Colonial Drive
 # 1604 # 1604
 Orlando, FL 32803 (USA) Orlando, FL 32803 (USA)

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **Applied For**
 Not Applicable Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Zijl, Adolf
 400 East Colonial Drive # 1604
 Orlando, FL 32803 (USA)

7. Name and Address of New Registered Agent
 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 Adolf Zijl (Adolf "Honey" Zijl) 4-29-00
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering.) 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 \$180.00
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 NAME STREET ADDRESS CITY-ST-ZIP	Zijl, Adolf <input type="checkbox"/> Delete 400 East Colonial Drive # 1604 Orlando, FL 32803 (USA)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Adolf Zijl (Adolf "Honey" Zijl) 4-29-00 407-324-3311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #