

AMENDED

2000 UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # V15669

1. Entity Name

LASATER FLOWERS, INC.

FILED

00 AUG 30 PM 2: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

305 E. Central Avenue
Winter Haven, FL 33880

Mailing Address

305 E. Central Avenue
Winter Haven, FL 33880

2. Principal Place of Business

305 E. Central Avenue

3. Mailing Address

305 E. Central Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Winter Haven, FLCity & State
Winter Haven, FL4. FEI Number
59-3107175Applied For
Not ApplicableZip
33880Country
USAZip
33880Country
USA5. 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

Sarah J. Sheffield
305 E. Central Avenue
Winter Haven, FL 33880

Name

Mary Christine Hazelwood

Street Address (P.O. Box Number is Not Acceptable)
305 E. Central AvenueCity
Winter Haven

FL

Zip Code
33880

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

Mary Christine Hazelwood

8/1/00

DATE

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

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back)

XX

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 PD
NAME Sheffield, Sarah J.
STREET ADDRESS 49 Dunaway Road
CITY-ST-ZIP Winter Haven, FL 33880

XX Delete

TITLE PSTD
NAME Mary Christine Hazelwood
STREET ADDRESS 2109 Edgewater Circle
CITY-ST-ZIP Winter Haven, FL 33884☐ Change ☒ AdditionTITLE STD
NAME Sheffield, J.D.
STREET ADDRESS 49 Dunaway Road
CITY-ST-ZIP Winter Haven, FL 33880

XX Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
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STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
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:

Mary Christine Hazelwood

(861) 294-3213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)