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

SIGNATURE:

## Jan 16, 2001 8:00 am Secretary of State 01-16-2001 90085 024 \*\*\*150.00 **DOCUMENT # V26322** 1. Entity Name ADA'S FLOWERS AND GIFTS, INC. Principal Place of Business Mailing Address 3504 FONTANEDA AVENUE 6811 HERITAGE DRIVE PORT ST LUCIE FL 34952 FT. PIERCE 34947 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0953976 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NASTER, LEO Street Address (P.O. Box Number is Not Acceptable) 3504 FONTANEDA AVENUE FT PIERCE FL 34947 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PVST** Change Addition ☐ Delete TITLE NASTER, LEO NAME STREET ADDRESS STREET ADDRESS 3504 FONTANEDA AVE CITY-ST-7IP CITY-ST-ZIP FT. PIERCE FL 34947 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NASTER, LEO NAME NAME STREET ADDRESS STREET ADDRESS 3504 FONTANEDA AVE CITY-ST-ZIP CITY-ST-ZIP FT. PIERCE FL 34947 ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

**FILED** 

CR2E034 (10/00)