2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # V33234

1. Entity Name

AN ISLAND FLORIST, INC.

Principal Place of Business Mailing Address 907 REACCOCK DLAZA 907 DEACOOK DI 474 Feb 28, 2001 8:00 am Secretary of State 02-28-2001 90124 033 ***150.00

Zip Country Zip Country 5. Certificate of Status Desired S. S. 75 Additions Fire Required 6. Name and Address of Current Registered Agent 7. Name and Address of Now Registered John Name ROBERTS, MELINDA 5412 THIRD AVE KEY WEST FL 33040 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 9. This corporation is eligible to satisfy its Intangible Tax Ring requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE NAME STREET ADDRESS OITY-ST-2P ROBERTS, MELINDA 5412 THIRD AVE KEY WEST FL 10. OFFICERS AND DIRECTORS 10. Election Campaign Financing Added to F Trust Fund Contribution. \$5.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS IN THE NAME STREET ADDRESS OITY-ST-2P ROBERTS, MELINDA 5412 THIRD AVE STREET ADDRESS 10. Security State ADDRESS 10. Sec	KEY WEST FL 3 US		KEY WEST FL 33040 US					I F dil ak biri i	TENTE OLDER DIKAL	NINCE PANE	
City & State Country Count	2. Principal Pla	ace of Business	3. Mailing Address								
Zip Country Zip Country 5. Certificate of Status Desired S8.75 Additions Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 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. 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. 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. 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. 8. The above named entity submits this statement for the purpose of changing its registered degent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its Intengible Tax flight for satisfy its Intengible Tax flight for satisfy its Intengible Tax flight for satisfy its Intendicate. 10. Election Campaign Financing State floridates of the State Address of New Registered Agents of Tax flight for satisfy its Intendicate of Floridates of Registered Agents of Tax flight floridates of Registered Agents of Floridates of Registered Agents of Registered A	Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SF	'ACE		
Country	City & State		City & State	City & State		4. FE	4. FEI Number 63-0330310			Applied For	
ROBERTS, MELINDA 5412 THIRD AVE KEY WEST FL 33040 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 9. This corporation is eligible to satisfy its Intengible Tax ling requirement and elects to do so. (See criteria or back) See	Zip	Country Zip C			,				8.75 Addit	tional	
ROBERTS, MELINDA \$412 THIRD AVE KEY WEST FL 33040 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 9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back) 10. Election Campaign Financing Trust Fund Contribution. Added to F 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE ROBERTS, JUDITH NILES \$1872 THIRD AVE KEY WEST FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP TIT		6. Name and Address of Curren	t Registered Agent			7. Na	ame and Address of New Rec			$\overline{}$	
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 primed name of registered agent and title if applicable. (NOTE: Registered Apera algrature required when reimating) 9. This corporation is eligible to satisfy its Inlangible Tax Riling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE NAME ROBERTS, JUDITH NILES STREET ADDRESS 5412 THIRD AVE KEY WEST FL TITLE NAME ROBERTS, MELINDA STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delate TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STR					Name			-			
KEY WEST FL 33040 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 tille if applicable. (NOTE: Registered Agent alignature required when rein-intered)						Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its 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 remitating) DATE				-							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when re-intrating) DATE					City			FL	Zip Code		
Signature, typed or printed name of registered agent and tile if applicable. 9. This corporation is eligible to satisfy its Intangible fax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Added to F ROBERTS, JUDITH NILES STREET ADDRESS CITY-ST-ZIP ITILE SD ROBERTS, MELINDA STREET ADDRESS CITY-ST-ZIP TITLE NAME ROBERTS, MELINDA STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TIT	8. The above	named entity submits this statement	for the purpose of changi	ing its registered	office or registe	ered age	ent, or both, in the State of Flori	da.	•		
After MAY 1, 2001 Fee will be \$550.00 (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Trust Fund Contribution. Added to F Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADD	SIGNATURE _	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Registered A	lgent signature require	ed when rei	nstating)	DATE			
TITLE NAME ROBERTS, JUDITH NILES STREET ADDRESS CITY-ST-ZIP TITLE NAME ROBERTS, MELINDA STREET ADDRESS CITY-ST-ZIP TITLE NAME ROBERTS, MELINDA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME ROBERTS, MELINDA STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tax filing r	equirement and elects to do so.	After MAY	After MAY 1, 2001 Fee will be \$550.00				~			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- Mane once				artment of St						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						ADI	DITIONS/CHANGES TO OFFIC			-	
STREET ADDRESS CITY-ST-ZIP KEY WEST FL TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			L_I Delete						Change	☐ Addition	
CITY-ST-ZIP KEY WEST FL TITLE NAME ROBERTS, MELINDA STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					ADDRESS						
TITLE NAME ROBERTS, MELINDA STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP										
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE	-				☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME	ROBERTS, MELINDA									
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP				STREET	ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	KEY WEST FL		CITY-S	I-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	1				- 1000500						
TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE ITTLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP											
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP									Change	Addition	
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP			ET DEISIE						change	Addition	
	STREET ADDRESS			STREE	F ADDRESS						
	CITY-ST-ZIP			CITY-S	ST-ZIP					•	
TITLE Delete TITLE	TITLE		☐ Delete	e TITLE					Change	Addition	
NAME NAME				NAME							
STREET ADDRESS STREET ADDRESS STREET ADDRESS					ļ						
CITY-ST-ZIP CITY-ST-ZIP					51 - ZIP						
	1		☐ Delete	- 1					Change	Addition	
NAME NAME STREET ADDRESS STREET ADDRESS					T ADDRESS						
CITY-ST-ZIP CITY-ST-ZIP											
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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.		Ecertify that the information supplied was	ith this filing does not au			Section :	119 07(3)(i) Florida Statutos 1	further cort	ify that the i	nformation	

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.