

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 487454

**Entity Name:** UNIFLORA OVERSEAS FLORIDA, INC.

**Current Principal Place of Business:**

27810 HAYWOD FARM RD  
OKAHUMPKA, FL 34762-9711

**Current Mailing Address:**

PO BOX 56  
OKAHUMPKA, FL 34762-9711 US

**FEI Number:** 59-1623979

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KNIGHT-CUMMINS, DIANE B.  
16400 LAKESHORE DR  
MINNEOLA, FL 34715 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

|                 |                          |                 |                    |
|-----------------|--------------------------|-----------------|--------------------|
| Title           | PS                       | Title           | V                  |
| Name            | KNIGHT-CUMMINS, DIANE B. | Name            | KNIGHT, JOHN C     |
| Address         | 16400 LAKESHORE DR       | Address         | P.O. BOX 56        |
| City-State-Zip: | MINNEOLA FL 34715        | City-State-Zip: | OKAHUMPKA FL 34762 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DIANE B. KNIGHT-CUMMINS

**PRESIDENT**

**03/08/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date