

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90098 004 ***550.00

DOCUMENT # F96000002746

1. Entity Name
1-800-FLOWERS RETAIL INC.

Principal Place of Business
1600 STEWART AVE
WESTBURY NY 11590

Mailing Address
1600 STEWART AVE
WESTBURY NY 11590



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **11-3267496**

Applied For
 Not Applicable

Zip Country

Zip Country

5. 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 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)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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	T	<input type="checkbox"/> Delete
NAME	SHEA, WILLIAM	
STREET ADDRESS	9 LISA CT	
CITY-ST-ZIP	NESCONSET NY	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCCANN, CHRISTOPHER	
STREET ADDRESS	37 BALDWIN BLVD	
CITY-ST-ZIP	BAYVILLE NY 11707	
TITLE	PDC	<input type="checkbox"/> Delete
NAME	MCCANN, JAMES	
STREET ADDRESS	15 WEST DR	
CITY-ST-ZIP	PLANDONA NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/02
 Date

Daytime Phone #

CR2E034 (4/02)

Attachment

1-800-flowers.com 

1078247
96 00002746

CHECK REQUEST	
800-FLOWERS	_____
1-800 RETAIL	_____ X _____
GIFTHOUSE	_____
CONROY'S	_____
GENERAL AD FUND	_____
LOCAL AD FUND	_____

PAYEE: UNIFORM BUSINESS REPORT
DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

DATE: 8/5/02 #080502

AMOUNT: \$ 550.00

DESCRIPTION: UNIFORM BUSINESS REPORT (FL)

AMM
 SEP 10 2002 B

REQUESTED BY: SCOTT ARCHILA

AUTHORIZED: 

VENDOR # _____

G/L ACCT # 10.76055.1/0.07005.000.0000.0000
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