

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90081 042 \*\*\*150.00

DOCUMENT # PO10000005515 ✓  
1. Entity Name  
Obsession Orchids, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1166B 141st Place

3. Mailing Address  
before June 1st 2002

Suite, Apt. #, etc.  
after June 1st 2002

Suite, Apt. #, etc.  
2380 Randall blvd

City & State  
Live Oak, FL

City & State  
Naples FL 34120

4. FEI Number  
75-3027261

Applied For  
Not Applicable

Zip  
32062

Country  
USA

Zip  
34120

Country  
USA

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**7. Name and Address of Current Registered Agent**

Name  
Lynn J Jessmon

Street Address (P.O. Box Number is Not Acceptable)

2380 Randall blvd

City  
Naples

FL

Zip Code  
34120

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ 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)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Pres / Treasurer Lynn J. Jessmon 2380 Randall blvd Naples, FL 34120</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V. Pres / Secretary Geno Jessmon 2380 Randall blvd Naples, FL 34120</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Lynn J. Jessmon 3/20/02 941-352-6611  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)