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2002 UNIFORM BUSINESS REPORT (UBR)

Aug 11, 2002 8:00 am Secretary of State P97000070753 DOCUMENT # 1. Entity Name 08-11-2002 90163 008 ***550.00 50 FIFTY FLORAL ART, INC. Mailing Address Principal Place of Business 4646 DOMESTIC AVE6 4646 DOMESTIC AVE 104 NAPLES FL 34104 NAPLES FL 4 US us 2. Principal Place of Business 3. Mailing Address , DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 59-3466759 City & State City & State Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHANABARGER, EDWARD L Street Address (P.O. Box Number is Not Acceptable) 366 CENTRAL AVE NAPLES FL 34102 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 Signature, týped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Delete TITLE 1325 5th St S. SHANABARGER, EDWARD L NAME Naples, FL 34102 366 CENTRAL AVE STREET ADDRESS STREET ADDRESS NAPLES FL 34102 CITY-ST-ZIP CITY-ST-ZIP VΡ

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800 I Headowland Dr

Naples FL 3468

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 by tystee 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 affectment with an address, with all other like empowered.

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE

NAME

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIF TITLE

HUDDLESTON, MATTHEW

366 CENTRAL AVE

NAPLES FL 34102

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