

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000063277

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90066 041 ***150.00

1. Entity Name
SANIBEL ISLAND CHOCOLATES, INC.

Principal Place of Business	Mailing Address
2075 PERIWINKLE WAY #37 SANIBEL FL	2075 PERIWINKLE WAY #37 SANIBEL FL 33957-4106



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	65-0682226	Applied For
		Not Applicable

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

6. Name and Address of Current Registered Agent

SHIELDS, CHRISTOPHER J ESQ
1833 HENDRY STREET
FORT MYERS FL 33902

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE _____

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

TITLE	P	<input type="checkbox"/> Delete
NAME	YOUNG, STEVEN J	
STREET ADDRESS	2075 PERIWINKLE WAY	
CITY-ST-ZIP	SANIBEL FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	YOUNG, JACOB B	
STREET ADDRESS	2075 PERIWINKLE WAY	
CITY-ST-ZIP	SANIBEL FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	YOUNG, DOROTHY B	
STREET ADDRESS	2075 PERIWINKLE WAY	
CITY-ST-ZIP	SANIBEL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
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 another like empowered.

SIGNATURE: Steven J. Young **STEVEN J. YOUNG** 4/15/00 941/472-3837
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)