

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

FILED
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90811 028 ***150.00

DOCUMENT # *P97000029074*

1. Entity Name

GLOBAL CANDLE GALLERY, INC

DO NOT WRITE IN THIS SPACE

B0126672

2. Principal Place of Business

12925 E Village Blvd

Suite, Apt. #, etc.

3. Mailing Address

6115 Marbella Blvd

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Madera Beach, FL

City & State

Apollo Beach, FL

4. FEI Number

59-3431593

Applied For

Not Applicable

Zip

33708

Country

Pinellas

Zip

33572

Country

Hillsborough

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

THIBAUT-HOYT, Christiane

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

6115 MARBELLA Blvd

City

Apollo Beach

FL

Zip Code

33572

**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

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) ☒

JUL 02 2002 09:00 AM

RECEIVED

State of Florida 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

*P
Hoyt, William J I
6115 Marbella Blvd
Apollo Beach, FL 33572*

*Resubmitting
Form loss in mail*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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: *X*

William J Hoyt III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X

Date

873-645-3766

Daytime Phone #

CR2E034B (12/01)