

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 631234

1. Entity Name

THE ORIGINAL GRIMALDI CANDIES, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90248 032 ***150.00

704319



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

815 E STRAWBRIDGE AVE
MELBOURNE FL 32901
US

815 E STRAWBRIDGE AVE
MELBOURNE FL 32901-4736

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1935932

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

FRESE, GARY B.
930 S HARBOR CITY BLVD
SUITE 505
MELBOURNE FL 32901

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PD
STREET ADDRESS GRIMALDI, VINCENT
CITY-ST-ZIP 1753 SHOREVIEW DRIVE
INDIALANTIC FL

☒ Delete

TITLE
NAME President
STREET ADDRESS Robert morand
CITY-ST-ZIP 1478 meadowbrook RD.
Palm Bay, FL 32905

☐ Change ☒ Addition

TITLE
NAME STD
STREET ADDRESS GRIMALDI, VINCENT A
CITY-ST-ZIP 1753 SHOREVIEW DRIVE
INDIALANTIC FL

☒ Delete

TITLE
NAME Vice President
STREET ADDRESS Margaret morand
CITY-ST-ZIP 1478 meadowbrook RD.
Palm Bay, FL 32

☐ Change ☒ Addition

TITLE
NAME V
STREET ADDRESS GRIMALDI, CAROLINE
CITY-ST-ZIP 224 MARION ST.
INDIAN HARBOUR BEACH FL 32937

☒ Delete

TITLE
NAME Director
STREET ADDRESS Jaekwagelti
CITY-ST-ZIP 1601 Newfound Harbor Dr.
Merriitt Island, FL 32952

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME Directors
STREET ADDRESS Roel & Brandy Davila
CITY-ST-ZIP 440 Windtanerway
Merriitt Island, FL 32952

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: *Brandy Davila*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/99

Date

Daytime Phone #

407-723-5999

CR2E034 (9/99)