

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J29890

1. Entity Name

THE CANDLE SHOPPE, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90238 040 ***150.00

Principal Place of Business

735 DODECANESE BLVD #9
THE SPONGE EXCHANGE
TARPON SPRINGS FL 34689

Mailing Address

735 DODECANESE BLVD #9
THE SPONGE EXCHANGE
TARPON SPRINGS FL 34689

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2712107

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

MYERS, TERRY L.
5423 CELCUS DR
HOLIDAY FL 34690

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME P
STREET ADDRESS MYERS, TERRY L.
CITY-ST-ZIP 5423 CELCUS CRIVE
HOLIDAY FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME TS
STREET ADDRESS MYERS, SANDRA E.
CITY-ST-ZIP 5423 CELCUS DRIVE
HOLIDAY FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept. 8, 2000
Date

Daytime Phone #

CR2E034 (5/00)

THE CANDLE SHOPPE

The Sponge Exchange

735 Dodecanese Blvd. #139 • Tarpon Springs, Florida 34689

(727) 934-9262

Attachment
529890
A0576861

September 8, 2000

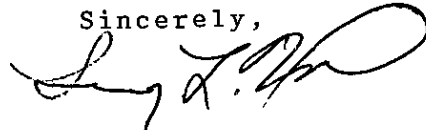
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL. 32302-1500

To Whom It May Concern:

This letter is to state that I never received a first notice of this 2000 Uniform Business Report. I was very much surprised when I received this notice stating that it was a second notice. If you will check the records, you will see that I have always paid this bill on time. I am, therefore, enclosing a check for the \$150.00 amount due.

I thank you very much for your cooperation in this matter.

Sincerely,



Terry L. Myers
President

TLM:sem

Enclosures: 2000 UBR form & check for \$150.00