2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

J29890 **DOCUMENT #**

1. Entity Name

THE CANDLE SHOPPE, INC.

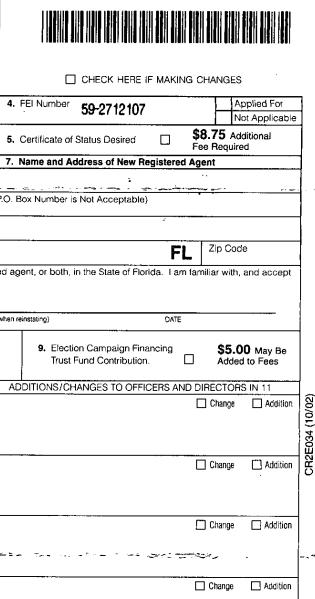


Principal Place of Business 735 DODECANESE BLVD #9 THE SPONGE EXCHANGE TARRON CODINGS EL 24000

Mailing Address 735 DODECANESE BLVD #9 THE SPONGE EXCHANGE

TARFON SENINGS FL 34009	TAMPON SPHINGS FL 34689		
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		

Apr 28, 2003 8:00 am Secretary of State



		<u> </u>		,	59727 12 107	N	ot Applicable	
Zip	Country	Zip	Country	5. C	Certificate of Status Desired	\$8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent				7. N	lame and Address of New Registere	d Agent		
			Name	; · · · · · · · · · · · · · · · · · · ·				
MYERS, TERRY L			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
5423 CELCUS DR			- Under ite	onder radiose (1.0. Dox retriber is not Addeptable)				
HOLIDAY FL 34690					,			
			City			Zip Cod	lo.	
			'		F	L		
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								
trie obligat	ions of registered agent.							
SIGNATURE								
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: F	Registered Agent signature	e required when rei	nstating) DATE			
F	ILE NOW!!! FEE IS \$150.00		., .					
After	May 1, 2003 Fee will be \$550.00				 Election Campaign Financing Trust Fund Contribution. 		00 May Be	
Make Check	Payable to Florida Department of	State			rust Fund Contribution.	⊔ Added	to rees	
10.	OFFICERS AND D	IRECTORS	11.	ADI	DITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	S IN 11	
TITLE	P	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	MYERS, TERRY L.	•	NAME					
STREET ADDRESS	5423 CELCUS CRIVE	I	STREET ADDRESS				}	
CITY-ST-ZIP	HOLIDAY FL		CITY-ST-ZIP				ĺ	
TITLE	TS	☐ Delete	TITLE			☐ Change	Addition	
NAME	MYERS, SANDRA E.		NAME				.	
STREET ADDRESS	5423 CELCUS DRIVE		STREET ADDRESS					
CITY-ST-ZIP :	HOLIDAY FL	·	CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	☐ Addition	
NAME		- 1	NAME				ļ	
STREET ADDRESS	• • • • • • • • • • • • • • • • • • •	Company of the Control of the Contro			چ ئىجىچى ھىل ئالىدە دائىلىلىدى دارى	رين والمنافقة	. -	
CITY-ST-ZIP			CITY-ST-ZIP					
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NAME STREET ADDRESS			NAME					
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE			-					
NAME		☐ Delete	TITLE NAME		•	☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP				1	
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME		□ Delete	NAME			☐ cuange	Audition	
STREET ADDRESS		i	STREET ADDRESS				1	
CITY-ST-ZIP			CITY-ST-ZIP					

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: