

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011666

1. Entity Name

THE BOCA RATON CANDLE COMPANY, L.L.C.

Principal Place of Business

9343D BOCA GARDENS CIRCLE SOUTH
BOCA RATON FL 33496

Mailing Address

9343D BOCA GARDENS CIRCLE SOUTH
BOCA RATON FL 33496

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

105-1044822

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STIGER, COLLEEN M

1200 N. FEDERAL HWY, STE #200
BOCA RATON FL 33432

Name

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

1200 N. FEDERAL HIGHWAY, 200-21

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

Colleen M Stiger

(NOTE: Registered Agent signature required when reinstating)

11/15/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

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12/21/01--01007--007

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
SUSAN ISBELL
9343D BOCA GARDENS CIRCLE SOUTH
BOCA RATON, FLORIDA 33496

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice-President
COLLEEN STIGER
1200 N. FEDERAL HWY, STE 200-21
BOCA RATON, FLORIDA 33432

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Colleen M Stiger

04/27/01 561-391-7257

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CR2E083 (11/00)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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