

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90581 047 ****50.00

DOCUMENT # L01000010665

1. Entity Name

CANDLE MARKETING & SERVICES, L.L.C.

Principal Place of Business

1501 GULF BLVD., #103
 CLEARWATER FL 33767

Mailing Address

1501 GULF BLVD., #103
 CLEARWATER FL 33767

2. Principal Place of Business

2054 SUNSET POINT RD
 Suite, Apt. #, etc.
 #34

3. Mailing Address

2054 SUNSET POINT RD
 Suite, Apt. #, etc.
 #34

City & State
 CLEARWATER, FL

Zip
 33765

Country
 PINELAS

City & State
 CLEARWATER, FL

Zip
 33765

Country
 PINELAS

4. FEI Number

59-3727972

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

COFLIN, CHARLES E
 1501 GULF BLVD., #103
 CLEARWATER FL 33767

Name

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

2054 SUNSET POINT RD

#34

City

CLEARWATER

FL

Zip Code

33765

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

Charles E. Coffin

Signature typed or printed name of registered agent and title in parentheses.

(NOTE: Registered Agent signature required when reinstating)

4/12/02

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 President MGRM
 CHARLES E. COFLIN
 2054 SUNSET POINT RD #34
 CLEARWATER, FL 33765

☐ 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:

Charles E. Coffin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/12/02 727-412-5280

CR2E083 (9/01)