

**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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2054 SUNSET POINT RD Suite, Apt. #, etc. #34 City & State CLEARWATER, FL Zip 33765 Country FLORIDA	3. Mailing Address 2054 SUNSET POINT RD Suite, Apt. #, etc. #34 City & State CLEARWATER, FL Zip 33765 Country FLORIDA
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4. FEI Number 59-3727972	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent COFLIN, CHARLES E 1501 GULF BLVD., #103 CLEARWATER FL 33767	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2054 SUNSET POINT RD #34 City CLEARWATER FL Zip Code 33765
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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* DATE: 4/12/02

Signature typed or printed name of registered agent and title in appropriate. (NOTE: Registered Agent signature required when reinstating)

**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 RESIDENT MGRM NAME CHARLES E. COFLIN STREET ADDRESS 2054 SUNSET POINT RD #34 CITY-ST-ZIP CLEARWATER, FL 33765	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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* DATE: 4/12/02 727-412-5280

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

CR2E083 (9/01)