

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90373 050 ***150.00

DOCUMENT # L59149

1. Entity Name

BEHR'S CHOCOLATES BY DESIGN, INC.

Principal Place of Business

**624 DOUGLAS AVE., SUITE 1408
 ALTAMONTE SPRINGS FL 32714**

Mailing Address

**624 DOUGLAS AVE., SUITE 1408
 ALTAMONTE SPRINGS FL 32714**

550857



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2939620**

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

**BEHR, GLENN S
 486 WINDING CREEK PL
 LONGWOOD FL 32779**

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

Glenn S. Behr

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 \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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 **PD BEHR, DEBRA L.**
 STREET ADDRESS **486 WINDING CREEK PL**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VSD BEHR, GLEN**
 STREET ADDRESS **486 WINDING CREEK PL**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **GAMSON, STEVE**
 STREET ADDRESS **624 DOUGLAS AVE #1408**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE Change Addition
 NAME **Gamson, Bob**
 STREET ADDRESS **624 Douglas Ave #1408**
 CITY-ST-ZIP **Altamonte Springs, FL 32714**

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

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

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:

Glenn S. Behr J.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-01

Date

407-682-3003

Daytime Phone #

CR2E034 (10/00)