

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90145 011 ***150.00

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DOCUMENT # L59149

1. Entity Name
BEHR'S CHOCOLATES BY DESIGN, INC.

Principal Place of Business Mailing Address
624 DOUGLAS AVE., SUITE 1408 **624 DOUGLAS AVE., SUITE 1408**
ALTAMONTE SPRINGS FL 32714 **ALTAMONTE SPRINGS FL 32714**



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 **Glenn S. Behr**
 Street Address (P.O. Box Number is Not Acceptable)
624 Douglas Ave #1408
 City **Altamonte Springs FL** Zip Code **32714**

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* **Glenn S. Behr** **2/8/02**
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. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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

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TITLE	NAME	TITLE	NAME
PD	BEHR, DEBRA L		
486 WINDING CREEK PL	486 WINDING CREEK PL		
LONGWOOD FL 32779	LONGWOOD FL 32779		
VSD	BEHR, GLEN		
486 WINDING CREEK PL	486 WINDING CREEK PL		
LONGWOOD FL 32779	LONGWOOD FL 32779		
T	GAMSON, BOB		
624 DOUGLAS AVE #1408	624 DOUGLAS AVE #1408		
ALTAMONTE SPRINGS FL	ALTAMONTE SPRINGS FL		

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* **Glenn S. Behr** **2/8/02** **407-682-3003**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/01)