

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M94542

1. Entity Name

CONFECTIONERIES INCORPORATED

Principal Place of Business

501 NO. BENEVA RD.
SARASOTA FL 34232

Mailing Address

501 NO. BENEVA RD.
SARASOTA FL 34232

2. Principal Place of Business

3232A Clark Road

3. Mailing Address

6210 Medici Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt # 207

City & State
Sarasota FL

City & State
Sarasota FL

Zip
34231

Country
Sarasota

Zip
34243

Country
Sarasota

6. Name and Address of Current Registered Agent

JOHNSON, DAVID P ESQ.
2201 RINGLING BLVD
STE 104
SARASOTA FL 34237

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
CHEN, MELVIN C
3746 PRAIRIE DUNES DR
SARASOTA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DARBY, NANCY
6210 MEDICI CT #207
SARASOTA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ET
LIZZIO, ALFRED
8215 REGENTS CT
UNIVERSITY PARK FL 34201 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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: Nancy Darby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90261 028 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0069482 ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

CR2E034 (10/00)

4/15/01 (941) 359-9604
Date Daytime Phone #