

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90253 009 ***150.00

DOCUMENT # M94542

1. Entity Name
CONFECTIONERIES INCORPORATED

Principal Place of Business

3232 A CLARK ROAD
SARASOTA FL 34231

Mailing Address

6210 MEDICI CT
APT #207
SARASOTA FL 34243



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3246 Clark Road
 Suite, Apt. #, etc.

3. Mailing Address

3246 Clark Road
 Suite, Apt. #, etc.

City & State
Sarasota, FL

City & State
Sarasota, FL

4. FEI Number **65-0069482**

Applied For
 Not Applicable

Zip **34231** **Country** **Sarasota**

Zip **34231** **Country** **Sarasota**

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

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 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, 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

| | | |
|-----------------------|---------------------------------|---------------------------------|
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | CHEN, MELVIN C | |
| STREET ADDRESS | 3746 PRAIRIE DUNES DR | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | DARBY, NANCY | |
| STREET ADDRESS | 6210 MEDICI CT #207 | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | ET | <input type="checkbox"/> Delete |
| NAME | LIZZIO, ALFRED | |
| STREET ADDRESS | 8215 REGENTS CT | |
| CITY-ST-ZIP | UNIVERSITY PARK FL 34201 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|-----------------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SARASOTA INCORPORATED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/02 (941) 925-9580
 Date Daytime Phone #

CR2E034 (9/01)