

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90495 009 ***150.00

0654740 AV

DOCUMENT # M94542

1. Entity Name

CONFECTIONERIES INCORPORATED



Principal Place of Business

3246 ~~CLARK~~ ROAD
SARASOTA FL 34231

Mailing Address

3246 ~~CLARK~~ ROAD
APT #207
SARASOTA FL 34231

2. Principal Place of Business

3246 Clark Road

3. Mailing Address

3246 Clark Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota FL

Zip

34231

Country

Sarasota

Zip

34231

Country

Sarasota

4. FEI Number

65-0069482

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

☐ Delete

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

☐ Delete

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03 (gki) 925-9500

Date

Daytime Phone #

CR2E034 (10/02)