

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000010051

1. Entity Name

CANDLE SCENES.COM, INC.

**FILED**  
Feb 05, 2001 8:00 am  
Secretary of State

02-05-2001 90012 019 \*\*\*150.00

913626



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5312 N.W. 22ND AVENUE FORT LAUDERDALE FL 33309		Mailing Address 5312 N.W. 22ND AVENUE FORT LAUDERDALE FL 33309	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip	
Country USA		Country USA	

4. FEI Number 65-0982922	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SADER, ROBERT L 1901 WEST CYPRESS CREEK ROAD SUITE 415 FORT LAUDERDALE FL 33309		7. Name and Address of New Registered Agent Name: Robert C. Ondenlinda Street Address (P.O. Box Number is Not Acceptable): 2759 OAK TREE LN. City: Ft. Lauderdale FL Zip Code: 33309	
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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: *Robert C. Ondenlinda* DATE: 1/31/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PRES NAME: Robert C. Ondenlinda STREET ADDRESS: 2759 OAK TREE LN CITY-ST-ZIP: Ft. Lauderdale, FL 33309	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V. PRES NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SEC & TREAS NAME: SUSAN J. Ondenlinda STREET ADDRESS: 2759 OAK TREE LN CITY-ST-ZIP: Ft. Lauderdale, FL 33309	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Robert C. Ondenlinda Pres.* DATE: 1/31/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)