

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 19, 2001 8:00 am
Secretary of State

02-13-2001 90584 021 ***150.00
 03-19-2001 90050 034 ***158.75

DOCUMENT # P00000016260

1. Entity Name
THE CANDY FACTORY, INC.

Principal Place of Business
**4057 WESTVIEW STREET
 LAKE WORTH FL 33463**

Mailing Address
**4057 WESTVIEW STREET
 LAKE WORTH FL 33463**

2. Principal Place of Business

**4650 S Military Trail
 Suite, Apt. #, etc.
 Lake Worth FL**

3. Mailing Address

SAME
 Suite, Apt. #, etc.

City & State

Zip
33463

Country
Palm Beach

City & State

Zip

Country

4. FEI Number

650982343

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TANNER, CAROLYNE
 4057 WESTVIEW STREET
 LAKE WORTH FL 33463**

*** New Address ->**

7. Name and Address of New Registered Agent

Name **CAROLYNE TANNER**

Street Address (P.O. Box Number is Not Acceptable)

4650 South Military Trail

City **LAKE WORTH**

FL

Zip Code **33463**

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

Carolyne Tanner CAROLYNE TANNER

02-09-01

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, 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	D TANNER, CAROLYNE 4057 WESTVIEW STREET LAKE WORTH FL 33463	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
4650 South Military Trail LAKE WORTH, Florida 33463	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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:

Carolyne Tanner

CAROLYNE TANNER

Date

02-09-01 561 6429993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/00)

Doc# P00000011260

ATTN: JEAN LOGAN

80020167

PALM BEACH COUNTY SHERIFF'S OFFICE

☐ WITNESS

☒ VICTIM

STATEMENT

Please complete in full detail

Date of: 2-17 Month: Feb Day: 17 Year: 2001 Time: 5:30 AM

Offense: Armed Robbery

Agency Case #: 01-039066

Date of: 17 Month: MAR Day: 17 Year: 2001 Time: 6:00 AM

Suspect/Arrestee: Last: First: Middle: Race: Sex:

Location of Offense: 4650 S Military TRAIL Lake Worth FL Zone:

Name (Witness/Victim): Last: First: Middle: Age: D.O.B.: Race: Sex:

Address: Res.: SAME Zip: 33463 Phone: 6429993

Address: Bus.: SAME Zip: Phone:

I, CAROLYN T UGALDE do hereby voluntarily make the following statement without threat, coercion, offer of benefit or favor by any persons whomsoever.

ON the morning of 2-17-01 AT Approximately 5:45 AM
2 hispanic males entered our home with drawn guns.
They were aware of my identity and knew I was on
oxycontin 40mg which is a prescription drug. They
demanded my prescription drugs and had me open my safe of
which they were also aware. They took about \$500 worth
of old silver money, various pieces of gold jewelry - \$600 worth
\$270.00 in cash and my checks in a box and my
check register along with 3 car titles, Victor's wallet
all his personal Costa Rican ID papers. They also took
2 mobile phones, all the while they were robbing us
they were threatening to shoot us. They made
Victor & Carolyn go in bathroom in main bedroom
& stay there while they tore bedroom apart then left
after cutting all phone lines

Please throw other check away this
check is on new account (Ctd)

I have received the Victim's Rights package.

Initial:

I will testify in court:

☐ Yes ☐ No

Initial:

Sworn To and Subscribed Before Me, This:

Day of year

I will prosecute criminally.

☐ Yes ☐ No

Initial:

I Swear/Affirm the Above and/or Attached Statements are Correct and True.

Deputy Sheriff ☐ Notary Public ☐

Caroline T. Ugalde