

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-12-2001 90497 003 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000060835

1. Entity Name
EUROPEAN CHOCOLATES, INC.

Principal Place of Business Mailing Address
265 SW PORT ST LUCIE BLVD. PMB 219 265 SW PORT ST LUCIE BLVD. PMB 219
PORT ST LUCIE FL 34984 PORT ST LUCIE FL 34984

2. Principal Place of Business 3. Mailing Address
1742 SE Port St Lucie Blvd. 1742 SE Port St Lucie Blvd

Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State
Port St Lucie FL Port St Lucie FL

Zip Country Zip Country
34952 USA 34952 USA

4. FEI Number Applied For
65-102 2997 Not Applicable

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

6. Name and Address of Current Registered Agent

DUALSKY, JOANNE
265 SW PORT ST LUCIE BLVD, PMB 219
PORT ST LUCIE FL 34984

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 _____ DATE _____
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)

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	<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	
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 checked="" type="checkbox"/> Addition
NAME	Joanne Dualsky
STREET ADDRESS	265 S.W. Port St Lucie Blvd. PMB 219
CITY-ST-ZIP	Port St Lucie FL 34984
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	
CITY-ST-ZIP	
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	
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: Joanne Dualsky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-09-01 561 343 9599
Date Daytime Phone #

CR2E034 (10/00)

Attachment

#P000000 60835 / 32675

EUROPEAN CHOCOLATES, INC
1742 SE PAET ST LUCIE BLVD
PORT ST. LUCIE, FL 34952

DIV. OF CORPORATIONS
PO BOX 1500
TALLAHASSEE, FL
32302-1500