

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000108814

1. Entity Name

CANDLES N' THINGS, INC.

Principal Place of Business

226-A SOUTH BEACH ST.
DAYTONA BEACH FL 32114

Mailing Address

226-A SOUTH BEACH ST.
DAYTONA BEACH FL 32114

2. Principal Place of Business

226-A S. Beach St.
Suite, Apt. #, etc.

3. Mailing Address

226-A S. Beach St.
Suite, Apt. #, etc.

City & State

Daytona Beach FL

City & State

Daytona Beach, FL

4. FEI Number

59-3675618

Applied For

Not Applicable

Zip

Country

32114 USA

Zip

Country

32114 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOVIN, DENNIS
100 CREEK CROSSING RD.
DAYTONA BEACH FL 32124

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, 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 ☐ Delete
NAME ANGELA BOVIN
STREET ADDRESS 100 CREEK CROSSING ROAD
CITY-ST-ZIP DAYTONA BEACH, FL 32124

TITLE ☐ Delete
NAME CYNTHIA McEVER
STREET ADDRESS 215 COUNTRY CIRCLE DRIVE EAST
CITY-ST-ZIP DAYTONA BEACH, FL 32124

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Angela Bovin

ANGELA BOVIN

3/20/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)