2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P01000003403 **DOCUMENT #**

1. Entity Name

NATIONAL CANDY COMPANY, INC.



FILED Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90181 043 ***150.00

4800 N FEDERAL HWY, SUITE D-105 BOCA RATON FL 33431		4800 N FEDERAL HWY. SUITE D-105 BOCA RATON FL 33431							
2. Principal Place of Business		3. Mailing Address			\dashv		ii 11 11 1111 1 111 1111 1111		
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			-	CHECK HERE IF MAKING CHANGES			
City & Sta	te	City & State	City & State			」 <u>65~1(126512</u> →		pplied For	
Zip	Country	Zip	Country		5. Certificate of Status Desired		\$8.75 Additional . Fee Required		
	6. Name and Address of Curre	nt Registered Agent	1		7. N	ame and Address of New Regi			
				Name					
JONATHA	.N. J. LICHTMAN, P.A.		Street Addr		ss (P.O. Box Number is Not Acceptable)				
120 E PAI	lmetto park RD		SuderAddies		o (i.o. box number is not neceptable)				
SUITE 100	0								
BOCA RA	TOŇ FL 33432-0000		City				FL Zip Coo	e	
8. The above the obligate SIGNATURE	e named entity submits this statement tions of registered agent. Signature, typed or printed name of registered age						. I am familiar with,	and accept	
	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registered Ag	gent signature requir	ed when rein	nstating)	DATE		
	ILE_NOW!!!_FEE_IS_\$150.00		<u>.</u>				ina 65 4		
	r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	of State				Trust Fund Contribution.	· _ \\	00-May-Be— d to Fees	
10.	OFFICERS AN	D DIRECTORS	11.		ADD	DITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11	
TITLE Name Street address City-St-Zip	MR WEINER, BRADLEY S 4800 N. FEDERAL HIGHWAY, SUITE D-105 BOCA RATON FL 33431						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS DITY-ST-ZIP	MR LEVINE, MICHAEL D 4800 N. FEDERAL HIGHWAY, SUITE D-105 BOCA RATON FL 33431		TITLE NAME STREET A CITY-ST-				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	Delete -	TITLE NAME STREET AI CITY-ST-	l l	. ~	٠	Change	☐ Addition	
TITLE NAME STREET ADDRESS STY-ST-ZIP		☐ Delete	TITLE NAME STREET AL CITY-ST-				☐ Change	☐ Addition	
ITLE IAME ITREET ADDRESS ITY-ST-ZIP 12. I hereby c	ertify that the information supplied wi	☐ Delete	TITLE NAME STREET AL CITY-ST-	ZIP	ection 11	9.07(3)(i) Elorida Statutos Livel	Change	Addition	

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 appears in Block 10 or Block 11 if

SIGNATURE:

54 447 0853