

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90137 046 ***150.00

DOCUMENT # P01000013986

1. Entity Name
CANDLES, INC.

Principal Place of Business
6359 NEWBERRY ROAD
GAINESVILLE FL 32605

Mailing Address
6359 NEWBERRY ROAD
GAINESVILLE FL 32605



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
994 Alverez Ave
 Suite, Apt. #, etc.

3. Mailing Address
994 Alverez Ave.
 Suite, Apt. #, etc.

City & State
THE VILLAGES FL
 Zip
32159
 Country
USA

City & State
THE VILLAGES, FL
 Zip
32159
 Country
USA

4. FEI Number
59-3697452

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
GEORGE H. RUSSELL, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
907 WEBSTER ST.
 City
LEESBURG FL Zip Code
34748

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 *George H. Russell* / *George H. Russell* DATE *4/10/02*
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, 2002 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	PSD	<input type="checkbox"/> Delete
NAME	GAMBLE, BRIAN M	
STREET ADDRESS	6359 NEWBERRY ROAD	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	GAMBLE, BRENT K	
STREET ADDRESS	6359 NEWBERRY ROAD	
CITY-ST-ZIP	GAINESVILLE FL 32605	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	994 Alverez Ave.	
CITY-ST-ZIP	THE VILLAGES, FL 32159	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	994 Alverez Ave.	
CITY-ST-ZIP	THE VILLAGES, FL 32159	
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: *Brian M. Gamble* **BRIAN GAMBLE - PRESIDENT** 1/28/02 392-753-1604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)