

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

05-22-2002 90136 049 \*\*\*150.00

**DOCUMENT # P01000014632**

1. Entity Name

**FLORIDA CANDLE SHOPS, INC.**

Principal Place of Business

Mailing Address

~~10401 U.S. HIGHWAY 441 SUITE 312~~

~~10401 U.S. HIGHWAY 441 SUITE 312~~

~~LEESBURG FL 34788~~

~~LEESBURG FL 34788~~

2. Principal Place of Business

3. Mailing Address

**1801 US HWY 19 NORTH**

**1801 US HWY 19 NORTH**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**STE. 439**

**STE. 439**

City & State

City & State

**CRYSTAL RIVER, FL**

**CRYSTAL RIVER**

Zip

Country

Zip

Country

**34428**

**USA**

**34428**

**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.**

**343 ALMERIA AVENUE**

**CORAL GABLES FL 33134**

Name

**GEORGE RUSS, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**George H. Russ / George H. Russ**

**4/10/02**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PSTD**  
STREET ADDRESS **GAMBLE, BRIAN M**  
CITY-ST-ZIP **10401 U.S. HIGHWAY 441 SUITE 312**  
**LEESBURG FL 34788**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1801 US HWY 19 N. ST. 439**  
CITY-ST-ZIP **CRYSTAL RIVER, FL 34428**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**George H. Russ / George H. Russ**

**4/9/02**

Date

**352-563-0623**

Daytime Phone #

CR2E034 (9/01)