

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90206 022 \*\*\*150.00

**DOCUMENT # P01000017531**

**1. Entity Name**  
**CHOCOLATES & MORE, INC.**

**Principal Place of Business**

**C/O SHOPS AT STERLING PLACE**  
**6919 STERLING RD.**  
**DAVIE FL 33314**

**Mailing Address**

**C/O SHOPS AT STERLING PLACE**  
**6919 STERLING RD.**  
**DAVIE FL 33314**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**CHOCOLATES + MORE**  
 Suite, Apt. #, etc.  
**6919 STIRLING ROAD**  
 City & State  
**DAVIE, FL**  
 Zip  
**33314**  
 Country  
**USA**

**3. Mailing Address**

**CHOCOLATES + MORE**  
 Suite, Apt. #, etc.  
**6919 STIRLING ROAD**  
 City & State  
**DAVIE, FL**  
 Zip  
**33314**  
 Country  
**USA**

**4. FEI Number**

**105-1076824**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**JETTE, CAROL**  
**6919 STIRLING RD.**  
**DAVIE FL 33024**

**33314**

**7. Name and Address of New Registered Agent**

**Name**

**CAROL JETTE**

**Street Address (P.O. Box Number is Not Acceptable)**

**6919 STIRLING ROAD**

**City**

**DAVIE**

**FL**

**Zip Code**

**33314**

**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**

**Carol Jette owner**

**4/25/02**

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

(NOTE: Registered Agent's 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, 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>JETTE, CAROL</b>	
STREET ADDRESS	<b>6919 STIRLING RD.</b>	
CITY-ST-ZIP	<b>DAVIE FL 33024</b>	
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 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
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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:**

**CAROL JETTE Carol Jette**

**4/25/02**

**954-625-2181**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/01)