

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91771 010 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000067586

1. Entity Name
CANDYBAR INVESTMENTS, INC.



Principal Place of Business
**7630 PORTO VECCHIO PLACE
 DELRAY BEACH, FL 33446**

Mailing Address
**7630 PORTO VECCHIO PLACE
 DELRAY BEACH, FL 33446**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1117518		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country				

**CLARK, ROSS
 7630 PORTO VECCHIO PLACE
 DELRAY BEACH, FL 33446**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and (if applicable)

(Typed Registered Agent Name must appear when registering)

DATE

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CLARK, ROSS 7630 PORTO VECCHIO PLACE DELRAY BEACH, FL 33446	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DR. Eileen Clark 7630 Porto Vecchio Pl DeLray	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #