

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90147 028 ***158.75

DOCUMENT # **PO2000098001**

1. Entity Name

Candles n' Such Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

175 Ft Lauderdale Beach Blvd (A1A)

3. Mailing Address

175 Ft Lauderdale Beach Blvd.

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite 222

Suite, Apt. #, etc.

Suite 222

City & State

Ft Lauderdale, FLA

City & State

Ft. Lauderdale, FLA

4. FEI Number

81-0571530

Applied For

Not Applicable

Zip

33316

Country

Broward.

Zip

33316

Country

Broward.

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name **Robert L. Schickel JR.**

Street Address (P.O. Box Number is Not Acceptable)
1983 N.W. 55 Ave

City **Margate**

FL

Zip Code **33063**

**DO NOT WRITE
IN THIS SPACE**

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

Robert L. Schickel JR.

(NOTE: Registered Agent signature required when reinstating)

DATE

Robert L. Schickel JR 4-24-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Robert L. Schickel JR 1983 N.W. 55 Ave Margate, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-Treasure Monique B. Schickel 1983 N.W. 55 Ave Margate, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-Secr Brinn Beaudet 1983 N.W. 55 Ave Margate, FL 33063
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert L. Schickel JR

Robert L. Schickel JR 954-828-9995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03 Daytime Phone #

CR2E034B (12/02)