

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90312 032 \*\*\*150.00

**DOCUMENT # P94000021724**

1. Entity Name

**CANDLEPOWER, INC.**

Principal Place of Business

**300 MARY ESTHER BLVD  
 PO BOX 58  
 MARY ESTHER FL 32569  
 US**

Mailing Address

**300 MARY ESTHER BLVD  
 PO BOX 58  
 MARY ESTHER FL 32569  
 US**

**3 2 5 6 9**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**300 MARY ESTHER BLVD  
 Suite, Apt. #, etc.  
 # 72**

3. Mailing Address

**300 MARY ESTHER BLVD  
 Suite, Apt. #, etc.  
 # 72**

City & State

**MARY ESTHER, FL**

City & State

**MARY ESTHER, FL**

4. FEI Number

**59-3232824**

Applied For

Not Applicable

Zip

**32569**

Country

**US**

Zip

**32569**

Country

**US**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SIMMONS, MARY C  
 61 LAKE SHORE DR.  
 SHALIMAR FL 32579**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent 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, 2001 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 **V** ☐ Delete  
 NAME **HULL, PATRICIA N**  
 STREET ADDRESS **249 COUNTRY CLUB RD**  
 CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE **P** ☐ Delete  
 NAME **SIMMONS, MARY C**  
 STREET ADDRESS **61 LAKE SHORE DR.**  
 CITY-ST-ZIP **SHALIMAR FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 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:

*Patricia Hull*

**PATRICIA HULL**

**2/18/2001**

**(850) 243-6722**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0489117