

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State
 02-06-2001 90270 045 ***150.00

DOCUMENT # P94000055641

1. Entity Name
FANTASY CHOCOLATES, INC.

Principal Place of Business

Mailing Address

2875 S CONGRESS AVE
 STE 6
 DELRAY BCH FL 33445
 US

2875 S CONGRESS AVE., SUITE G
 DELRAY BCH. FL 33445

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0510240**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARDNER, BECKY A
 2875 S. CONGRESS COURT
 DELRAY BEACH FL 33433

Name **GARDNER, Becky A.**
 Street Address (P.O. Box Number is Not Acceptable)
2875 S. CONGRESS COURT
Suite G
 City **DELRAY BEACH** FL Zip Code **33445**

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 _____ (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**

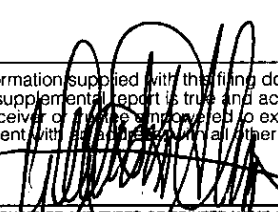
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	GARDNER, BECKY A	
STREET ADDRESS	2875 S CONGRESS AVE #6	
CITY-ST-ZIP	DELRAY BCH FL 33445	
TITLE	D	☐ Delete
NAME	GARDNER, WILLIAM S	
STREET ADDRESS	2875 S CONGRESS AVE #6	
CITY-ST-ZIP	DELRAY BCH FL 33445	
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		☐ 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
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 full authority to all other like empowered.

SIGNATURE:  J. P. Smith, 2/1/01 361-2769007
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)