

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000068057

1. Entity Name

KEYSTONE CANDY CORP.

Principal Place of Business

105 NW 40 STREET
BOCA RATON FL 33431
US

Mailing Address

105 NE 40 STREET
BOCA RATON FL 33431
US

2. Principal Place of Business

10864 LA SALINAS CIRCLE

3. Mailing Address

10864 LA SALINAS CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL.

City & State

BOCA RATON, FL.

Zip

33428

Country

PALM BEACH

Zip

33428

Country

PALM BEACH

6. Name and Address of Current Registered Agent

FREIDLANDER, IAN S PA
1999 UNIVERSITY DRIVE STE. 212
CORAL SPRINGS FL 33071

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.

(NOT : 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, 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	PTD	<input type="checkbox"/> Delete
NAME	LECHLER, BRUCE	
STREET ADDRESS	10864 LA SALINAS CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ANDERSON, CHARLES R	
STREET ADDRESS	10864 LA SALINAS CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LECHLER, Nanci	
STREET ADDRESS	10864 LA SALINAS CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
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
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
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 no 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: Bruce Lechler BRUCE LECHLER, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/01 561 477-3075

Date Daytime Phone #

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90007 035 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)