

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000086218

1. Entity Name

CANDLELIGHT MODELS, INC.

Principal Place of Business

3327 BRIAN ROAD, NORTH
PALM HARBOR FL 34685

Mailing Address

C/O J. BOB HUMPHRIES, ESQ.
501 E. KENNEDY BLVD., SUITE 1700
TAMPA FL 33602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HUMPHRIES, J. BOB ESQ.
FOWLER, WHITE, GILLEN, BOGGS, ET AL
501 E. KENNEDY BLVD., SUITE 1700
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name
Cody W. Waters, Esquire
Street Address (P.O. Box Number is Not Acceptable)
Fowler, White
501 E. Kennedy Blvd., #1700
City
Tampa FL Zip Code
33602

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
NAME
STREET ADDRESS
CITY - ST - ZIP
DPST
KOLLENBAUM, KEITH
3327 BRIAN ROAD, NORTH
PALM HARBOR FL 34685 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
AS
HUMPHRIES, BOB J
501 E. KENNEDY BLVD., #1700
TAMPA FL 33602 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90150 049 ***158.75

644002



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)