

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020818

1. Entity Name

OCEAN LIGHTS CANDLE COMPANY, INC.

FILED

May 10, 2001 8:00 am  
Secretary of State

05-10-2001 90096 022 \*\*\*150.00

Principal Place of Business

3863 ENTERPRISE AVE #8  
NAPLES FL 34104

Mailing Address

3863 ENTERPRISE AVE #8  
NAPLES FL 34104

2. Principal Place of Business

21882 Hernando Ave

3. Mailing Address

3280-SSA Tamiami Tr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Box 317

City & State

Pt. Charlotte FL

City & State

Pt. Charlotte FL

Zip

33952

Country

Charlotte

Zip

33952

Country

Charlotte

4. FEI Number

65-0895753

Applied For

Not Applicable

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

COOPER, STEVEN

4001 SANTA BARBARA BLVD  
NAPLES FL 34104

Name

April Gibson

Street Address (P.O. Box Number is Not Acceptable)

3280-SSA Tamiami Tr #317

City

Pt. Charlotte

FL

Zip Code

33952

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GIBSON, PATRICK	
STREET ADDRESS	3863 ENTERPRISE AVE.	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	VP Gibson	<input type="checkbox"/> Delete
NAME	LANGER, APRIL	
STREET ADDRESS	3863 ENTERPRISE AVE. #8	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Gibson, April	
STREET ADDRESS	3280-SSA Tamiami Tr #317	
CITY-ST-ZIP	Pt. Charlotte FL 33952	
TITLE	Gibson, Patrick	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	3280-SSA Tamiami Tr #317	
CITY-ST-ZIP	Pt. Charlotte FL 33952	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 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

4-26-01

Date

941 255 3516

Daytime Phone #

CR2E034 (10/00)