2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P99000038288 Mar 17, 2000 8:00 am 1. Entity Name **Secretary of State** FLORIDA CANDLES INC. 03-17-2000 90072 037 ***150.00 Principal Place of Business Mailing Address 3718-115TH ST. CT. W. 3718 115TH ST. CT. W. BRADENTON FL 34210 BRADENTON FL 34210-1129 3. Mailing Address 4122 RICHMERE ROAD E. 2. Principal Place of Business 4122 RICHMERE ROAD E. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State FLOREZOA 65-0918687 TAMPAHUMADA TAMPA Not Applicable 33617 Zip 33617 Country \$8.75 Additional 5. Certificate of Status Desired HILLY BUMBUR HELLI BOROUGH Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CROSBY RIVARD, RENEE -Street Address (P.O. Box Number is Not Acceptable) 4122 RICHMERE ROAD FAIT -3718 115TH ST. CT. W. BRADENTON FL 34210. 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent DENNIS CROSBY 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees X Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE ☐ Delete TITLE PREJIDENT Change DEVNES A. CROSBY NAME NAME 4122 RICHMORE ROAD GAST STREET ADDRESS STREET ADDRESS TAMPA, FLORIDA 33617 CITY-ST-ZIP CITY-ST-ZIP SANDRA J. CROSBY SECTION Change Addition ☐ Delete TITLE TITI F NAME NAME 4/22 RICHMERE ROAD GAST STREET ADDRESS STREET ADDRESS TAMPA FLOREDA 33617 CITY-ST-ZIP CITY-ST-ZIP VISE CHAIRMAN ☐ Change Addition TITLE ☐ Celete TITLE JASON C. CROSBY NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 2085 CITY-ST-ZIP 33550 CITY-ST-ZIP MANGO EL ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of 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.