2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2000 8:00 am
Secretary of State
06-02-2000 90010 016 ***158.75

DOCUMENT # P99000040601

D0058164

1. Entity Name
Eternal Flame Candles, Inc.

Principal Place of Business	Mailing Address
4956 Cason Cove Dr, #306 Orlando, Fl 32811	Same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1322 35th St	1322 35th St
Suite, Apt. #, etc. #101	Suite, Apt. #, etc. #101
City & State Orlando, Fl	City & State Orlando, Fl
Zip 32839 Country US	Zip 32839 Country US

4. FEI Number
59-3579095 ☐ 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
Tim Meany 4956 Cason Cove Dr #305 Orlando, Fl 32811	Name: Tim Meany Street Address (P.O. Box Number is Not Acceptable): 1322 35th St #101 City: Orlando FL Zip Code: 32839

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 _____ DATE
Signature, type or print name of Registered Agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) X

FILE NOW!! FEE IS $100.00
After MAY 1, 2000 Fee will be $500.00
Make Check Payable to Secretary 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Tim Meany 4956 Cason Cove, #305 Orlando, Fl 32811	☑ Delete	Tim Meany 1322 35th St. #101 Orlando FL. 32839	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	---	☐ Delete	Tim Meany 11248 Isle of Waterbridge #208 Orlando FL 32839	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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.