

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # P99000093122

1. Entity Name

EVERYTHING CHOCOLATE, INC.

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90190 034 \*\*\*150.00

Principal Place of Business      Mailing Address  
% FASHION SQUARE MALL      % FASHION SQUARE MALL  
3201 EAST COLONIAL DRIVE, SUITE U16      3201 EAST COLONIAL DRIVE, SUITE U16  
ORLANDO FL 32803      ORLANDO FL 32803-5131

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3604358**      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  
SPIEGEL & UTRERA, P.A.      Name  
343 ALMERIA AVENUE      Street Address (P.O. Box Number is Not Acceptable)  
CORAL GABLES FL 33134      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 \_\_\_\_\_ (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, 2000 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	PTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZPATRICK, JOY K		NAME		
STREET ADDRESS	3201 EAST COLONIAL DRIVE, SUITE U16		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803		CITY-ST-ZIP		
TITLE	SVD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEROUS, JAMEE L		NAME		
STREET ADDRESS	3201 EAST COLONIAL DRIVE, SUITE U16		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Jamee Feros*      4-27-2000      407 895 0040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #