

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90062 019 ***150.00

DOCUMENT # P99000093122

1. Entity Name
EVERYTHING CHOCOLATE, INC.

Principal Place of Business % FASHION SQUARE MALL 3201 EAST COLONIAL DRIVE, SUITE U16 ORLANDO FL 32803	Mailing Address % FASHION SQUARE MALL 3201 EAST COLONIAL DRIVE, SUITE U16 ORLANDO FL 32803
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718232



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business FASHION SQUARE MALL	3. Mailing Address 3375 E. COLONIAL DR
Suite, Apt. #, etc. A-16	Suite, Apt. #, etc.

City & State ORLANDO FL	City & State	4. FEI Number 59-3604358	Applied For <input type="checkbox"/> Not Applicable
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Zip 32803	Country USA	Zip 32803	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *Jamee Ferous* JAMEE FEROUS 2.16.01
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FITZPATRICK, JOY K 3201 EAST COLONIAL DRIVE, SUITE U16 ORLANDO FL 32803 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMEE FEROUS PTD SVD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3375 E. COLONIAL DRIVE A-16 ORLANDO FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD FEROUS, JAMEE L PTD <input type="checkbox"/> Delete 3201 EAST COLONIAL DRIVE, SUITE U16 ORLANDO FL 32803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Jamee Ferous* JAMEE FEROUS 2.16.01 407-895-0040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)