

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

0609677 AV

DOCUMENT # S03472

1. Entity Name

CANDARO INVESTMENT CORP.

02-04-2002 90051 021 ***150.00

Principal Place of Business

**8600 MIDNIGHT PASS ROAD
 SARASOTA FL 34242-3810**

Mailing Address

**8600 MIDNIGHT PASS ROAD
 SARASOTA FL 34242-3810**

2. Principal Place of Business

3 CHICORY COURT LANE

3. Mailing Address

3 CHICORY COURT LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

EAST AMHERST, N.Y.

City & State

EAST AMHERST, N.Y.

4. FEI Number

65-0231648

Applied For

Not Applicable

Zip

14051

Country

U.S.A.

Zip

14051

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

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

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, 2002 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

TITLE ☐ Delete
 NAME **P WATSON, STEWART**
 STREET ADDRESS **8600 MIDNIGHT PASS ROAD**
 CITY-ST-ZIP **SARASOTA FL 34242-3810**

TITLE ☐ Delete
 NAME **V WATSON, RONALD**
 STREET ADDRESS **282 WOOD ACRES DR**
 CITY-ST-ZIP **E. AMHERST NY 14051**

TITLE ☐ Delete
 NAME **S STAFFORD, DAVID E**
 STREET ADDRESS **112 CROWN POINT LANE**
 CITY-ST-ZIP **WILLIAMSVILLE NY 14221**

TITLE ☐ Delete
 NAME **T WATSON, STEWART C**
 STREET ADDRESS **8600 MIDNIGHT PASS ROAD**
 CITY-ST-ZIP **SARASOTA FL 34242-3810**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3 CHICORY COURT LANE**
 CITY-ST-ZIP **EAST AMHERST, N.Y. 14051**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3 CHICORY COURT LANE**
 CITY-ST-ZIP **EAST AMHERST, N.Y. 14051**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **x [Signature]**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 15 2002

Date

x 716-689-7660
 Daytime Phone #

CR2E034 (9/01)