

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S92783

1. Entity Name

WHOLESALE CANDY DISTRIBUTORS, INC.

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90048 020 ***150.00

Principal Place of Business

210 UNIVERSITY DR
SUITE 502
CORAL SPRINGS FL 33071

Mailing Address

210 UNIVERSITY DR
SUITE 502
CORAL SPRINGS FL 33071

2. Principal Place of Business

3000 N University Dr
Suite, Apt. #, etc. E

3. Mailing Address

3000 N University Dr
Suite, Apt. #, etc. E



DO NOT WRITE IN THIS SPACE

City & State

Coral Springs FL
Zip 33065

City & State

Coral Springs FL
Zip 33065

4. FEI Number

65-0294066

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUSKIRK, TRACY
210 UNIVERSITY DR
SUITE 502
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name

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

3000 N University Dr
E

City

Coral Springs

FL

Zip Code

33065

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

Tracy Buskirk

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, 2001 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 D
NAME BUSKIRK, TRACY
STREET ADDRESS 210 UNIVERSITY DR, SUITE 502
CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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.

SIGNATURE:

Tracy Buskirk TRACY BUSKIRK

Date

1/11/01 954 346 7288

Daytime Phone #

CR2E034 (10/00)