

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90125 015 ***150.00

DOCUMENT # P99000085175

1. Entity Name
100% EUROPEAN CHOCOLATE, INC.

Principal Place of Business 265 SW PORT ST. LUCIE BLVD., PMB 219 PORT ST. LUCIE FL 34984	Mailing Address 265 SW PORT ST. LUCIE BLVD., PMB 219 PORT ST. LUCIE FL 34984-5015
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3. Principal Place of Business 3318 NW Federal Hwy. Suite, Apt. #, etc.	3. Mailing Address 3318 NW Federal Hwy. Suite, Apt. #, etc.
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City & State Jensen Beach FL	City & State Jensen Beach FL	4. FEI Number 65-0951880	Applied For <input type="checkbox"/> Not Applicable
Zip 34957	Country USA	Zip 34957	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DUALSKY, JOANNE 265 SW PORT ST. LUCIE BLVD., PMB 219 PORT ST. LUCIE FL 34984		7. Name and Address of New Registered Agent 3318 NW Federal Hwy Jensen Beach FL 34957	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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) <input checked="" type="checkbox"/>	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. <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	P DUALSKY, JOANNE 265 SW PORT ST. LUCIE BLVD., PMB 219 PORT ST. LUCIE FL 34984 <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
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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: *Joanne Duelsky* **4-20-00** **561-692-0050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)