

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000008272

FILED
Jan 04, 2003
Secretary of State

Entity Name: UNITED AROMATHERAPY EFFORT INC.

Current Principal Place of Business:

16018 SADDLESTRING DR
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

16018 SADDLESTRING DR
TAMPA, FL 33618

New Mailing Address:

FEI Number: 75-3004071 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SYLLA, S H DNGER
16018 SADDLESTRING DR
TAMPA, FL 33618

Name and Address of New Registered Agent:

SYLLA, S H HANGER
16018 SADDLESTRING DR
TAMPA, FL 33618

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: SYLLA S HANGER 01/04/2003

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: HANGER, SYLLA S P/D
Address: 16018 SADDLESTRING DR
City-St-Zip: TAMPA, FL 33618

Title: T () Delete
Name: EARLE, CHRIS T T
Address: 16018 SADDLESTRING DR
City-St-Zip: TAMPA, FL 33618

Title: T () Delete
Name: HANGER, ORION V T
Address: 16018 SADDLESTRING DR
City-St-Zip: TAMPA, FL 33618

Title: T () Delete
Name: HANGER, NYSSA R T
Address: 16018 SADDLESTRING DR
City-St-Zip: TAMPA, FL 33618

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P/D () Change (X) Addition
Name: SYLLA, S H ANGER
Address: 16018 SADDLESTRING DR
City-St-Zip: TAMPA, FL 33618

Title: P/D () Change (X) Addition
Name: SYLLA, S H ANGER
Address: 16018 SADDLESTRING DR
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SYLLA S HANGER D 01/04/2003

Electronic Signature of Signing Officer or Director Date