

**01102 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIO
02 FEB 22 PM 2:01

DOCUMENT # P98000089671
1. Entity Name
THE FRAGRANCE FACTORY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1441 TAMAMI TRAIL
Suite, Apt. #, etc. 983

3. Mailing Address
1441 TAMAMI TRAIL
Suite, Apt. #, etc. 983

DO NOT WRITE IN THIS SPACE

City & State
PORT CHARLOTTE, FL.

City & State
PORT CHARLOTTE, FL.

Zip 33948 Country USA

Zip 33948 Country USA

4. FEI Number 65-0871056 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name ANTOINETTE SINGH
Street Address (P.O. Box Number is Not Acceptable) 1441 TAMAMI TRAIL #983
City PORT CHARLOTTE FL Zip Code 33948

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 X *A Singh* 1/30/02
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.

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, DIRECTOR ANTOINETTE SINGH 1441 TAMAMI TRAIL, #983 PORT CHARLOTTE, FL. 33948	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700005049997--2 -03/06/02--01043--007 ***300.00 ***300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: X *A. Singh* ANTOINETTE SINGH. 1/30/02 (941) 229-0205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

THE FRAGRANCE FACTORY, INC.

1441 Tamiami Trail, Suite 983

Port Charlotte, Fl. 33948

(941) 229-0205

January 30, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314


Re: Waiver of Reinstatement Fees
Document #: P98000089671

Ladies and Gentlemen:

My new accountant has brought to my attention that my corporation has been dissolved for not filing the 2001 annual report. I had used my old accountants mailing address and as a result did not receive the Uniform Business Report (UBR). I am a small retail business and paying a reinstatement fee would pose a great hardship on my business. Therefore, I humbly request that you waive the reinstatement fee since I did not receive the UBR. Attached please find a completed UBR along with a check in the amount of \$300.00.

Thanking you in advance for your kind consideration.

Sincerely,


Antoinette Singh
President

Attachments