2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State
04-17-2003 90209 029 ***158.75

DOCUMENT # P99000000883

1. Entity Name
FRAGRANCE EXPRESS.COM, INC.

J00J0771

Principal Place of Business	Mailing Address
5576 WEST SAMPLE ROAD POMPANO BEACH, FL 33073	5576 WEST SAMPLE ROAD POMPANO BEACH, FL 33073

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6353 W. ROGERS CIRCLE	
Suite, Apt. #, etc. SUITE 2	Suite, Apt. #, etc.
City & State BOCA RATON FL.	City & State
Zip 33487 Country	Zip Country

4. FEI Number 65-0902612 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOLCH, LAURIE ESQ. 555 S FEDERAL HWY., STE. 400 BOCA RATON, FL 33432	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD BARTLETT, ROBERT M 2134 WEST ATLANTIC AVE DELRAY BEACH, FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CDVT 6353 W. ROGERS CIRCLE SUITE 2 BOCA RATON FL 33487	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD BARKER, KEN B 2134 WEST ATLANTIC AVE DELRAY BEACH, FL 33445	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ALBERT, MARC 6363 WEST ROGERS CIRCLE BOCA RATON, FL 33487	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD MARISIN B. BARTLETT 6353 W. ROGERS CIRCLE SUITE 2 BOCA RATON FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD MARISIN B. BARTLETT 6353 W. ROGERS CIRCLE SUITE 2 BOCA RATON FL 33487	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV DIANE WELLS 6353 W ROGERS CIRCLE SUITE 2 BOCA RATON FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV DIANE WELLS 6353 W ROGERS CIRCLE SUITE 2 BOCA RATON FL 33487	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert M Bartlett ROBERT M. BARTLETT 4/11/03 561-999-3996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #