

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007427

Entity Name: UNITED AROMATHERAPY EFFORT INC

Current Principal Place of Business:

16018 SADDLESTRING DRIVE
TAMPA, FL 33618

Current Mailing Address:

16018 SADDLESTRING DRIVE
TAMPA, FL 33618

FEI Number: 20-5202617

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

04/03/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name HANGER, SYLLA
Address 16018 SADDLESTRING DR
City-State-Zip: TAMPA FL 33618

Title B
Name RASMUSSEN, DOUG E
Address 16018 SADDLESTRING DRIVE
City-State-Zip: TAMPA FL 33618

Title DIRECTOR
Name KLISPIE, JUDY
Address 711 FOX GATE COURT
City-State-Zip: PLANT CITY, FL 33563

Title DIRECTOR
Name KINTER, KAREN
Address 404 8TH ST NW.
City-State-Zip: FOSSTON, MN 56542

Title EXECUTIVE SECRETARY,
TREASURER
Name BĚLÍKOVÁ, HANA VIOLA
Address 16018 SADDLESTRING DRIVE
City-State-Zip: TAMPA FL 33618

Title DIRECTOR
Name KRYDIN, AMY
Address 16018 SADDLESTRING DRIVE
City-State-Zip: TAMPA FL 33618

Title DIRECTOR
Name THORN, DEDI
Address 16018 SADDLESTRING DRIVE
City-State-Zip: TAMPA FL 33618

I hereby 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 all other like empowered.

SIGNATURE: JUDY KLISPIE

DIRECTOR

04/03/2019

Electronic Signature of Signing Officer/Director Detail

Date