

2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000007427

Entity Name: UNITED AROMATHERAPY EFFORT INC

Current Principal Place of Business:

C/O DEDI THORNE
12915 SUMPTER ROAD
CARLETON, MI 48117

Current Mailing Address:

210 WEST FRONT STREET #2085
PO BOX 2085
MONROE, MI 48161 US

FEI Number: 20-5202617

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JUDY, KLISPIE
711 FOX GATE COURT
PLANT CITY, FL 33563 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: JUDY KLISPIE

03/10/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DIRECTOR
Name RASMUSSEN, DOUG E
Address 232 CHEMIN DE SALGUES
City-State-Zip: FLAYOSC 83780

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

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

Title DIRECTOR
Name TISSERAND, HANA VIOLA
Address DVOULETKY 169
City-State-Zip: PRAGUE 10000

Title DIRECTOR
Name KRYDIN, AMY
Address 7601 PHEASANT ROCK ROAD
City-State-Zip: AUSTIN TX 78729

Title PRESIDENT
Name THORNE, DEDI
Address 210 WEST FRONT STREET #2085
PO BOX 2085
City-State-Zip: MONROE MI 48161

Title SECRETARY
Name WILSON, JENNIFER
Address 171 SPIDERLILY LANE
City-State-Zip: SAINT MATTHEWS SC 29135

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: DEDI THORNE

PRESIDENT

03/10/2020

Electronic Signature of Signing Officer/Director Detail

Date