

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90235 011 ***150.00

DOCUMENT # F00000004320

1. Entity Name
SCENTSATIONAL SOAPS, INC.

Principal Place of Business

**2140 LEMON AVENUE
ENGLEWOOD FL 34223**

Mailing Address

**2140 LEMON AVENUE
ENGLEWOOD FL 34223**

2. Principal Place of Business

107 West Tampa Ave
Suite, Apt. #, etc.

3. Mailing Address

107 West Tampa Ave
Suite, Apt. #, etc.

City & State

Venice, FL

City & State

Venice, FL

4. FEI Number

65-1016483

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

STILES, PHYLLIS

**2140 LEMON AVENUE
ENGLEWOOD FL 34223**

7. Name and Address of New Registered Agent

Name

Amy Duff

Street Address (P.O. Box Number is Not Acceptable)

107 West Tampa Avenue

City

Venice

FL

Zip Code

34285

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

Amy R. Duff

President

Jan 15, 2002

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.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 PD ☒ **Delete**
NAME STILES, PHYLLIS
STREET ADDRESS 2140 LEMON AVENUE
CITY-ST-ZIP ENGLEWOOD FL

TITLE VTD ☒ **Delete**
NAME DUFF, AMY R
STREET ADDRESS 12204 WINDING WOODS WAY
CITY-ST-ZIP BRADENTON FL

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ **Change** ☐ **Addition**
NAME Amy R. Duff
STREET ADDRESS 107 West Tampa Ave, Venice, FL
CITY-ST-ZIP 34285

TITLE Vice President ☒ **Change** ☐ **Addition**
NAME Cathy Pidorenko
STREET ADDRESS 107 West Tampa Ave, Venice, FL
CITY-ST-ZIP 34285

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Amy R. Duff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 480-0031

CR2E034 (9/01)