

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

0059895 AV

04-11-2003 90077 050 ***150.00

DOCUMENT # **F02000005348**

1. Entity Name
AROMA COTTAGE, INC.



Principal Place of Business
**6406 ANTIETAM DR.
PENSACOLA FL 32503**

Mailing Address
**6406 ANTIETAM DR.
PENSACOLA FL 32503**



2. Principal Place of Business
6406 Anti-etam Dr.
Suite, Apt. #, etc.

3. Mailing Address
6406 Anti-etam Dr.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Pensacola, FL
Zip
32503 Country
Escambia

City & State
Pensacola, FL
Zip
32503 Country
Escambia

4. FEI Number
43-1979161

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HEINOLD, PAMELA S
6406 ANTIETAM DR.
PENSACOLA FL 32503**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	CDPS	<input type="checkbox"/> Delete
NAME	HEINOLD, PAMELA S	
STREET ADDRESS	6406 ANTIETAM DR.	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	T	<input type="checkbox"/> Delete
NAME	HEINOLD, PAMELA S	
STREET ADDRESS	6406 ANTIETAM DR.	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Pamela S. Heinold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **(850) 476-6076**

CR2E034 (10/02)