2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 15, 2000 8:00 am **DOCUMENT # K56695 Secretary of State** SCENTIQUE PERFUME INTERNATIONAL, INC. 03-15-2000 90113 038 ***150.00 Principal Place of Business Mailing Address 10874 SE 108TH TERR RD 10674 SE 108TH TERR RD **BELLEVIEW FL 34420-3641** BELLEVIEW FL 34420 しひひみひんひょ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0231702 Not Applicable Zip 1 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TATE, WILLIAM M. JR Street Address (P.O. Box Number is Not Acceptable) 10874 SE 108 TERR RD. **BELLEVIEW FL 34420** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition TITLE: 👡 ☐ Delete TITLE TATE, DONNA G. NAME STREET ADDRESS STREET ADDRESS 10874 SE 108 TERR RD CITY-ST-ZIP CITY-ST-ZIP BELLEVIEW FL 34420 ☐ Change ☐ Addition ☐ Delete TITLE TITLE TATE, WILLIAM M. JR. NAME NAME STREET ADDRESS STREET ADDRESS 10874 SE 108 TERR RD CITY-ST-7IP CITY-ST-ZIP **BELLEVIEW FL 34420** ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete DITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1//00

Date

Date

Daylime Phone N

13. I hereby certify that the information supplied with this filing these 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 tritle 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 t

SIGNATURE: 9