

FILED
Mar 02, 2001 8:00 am
Secretary of State

02-13-2001 90592 045 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000000255**

1. Entity Name

ROOM FRESHNER, INC.

Principal Place of Business

Mailing Address

7777 N. DAVIE RD. EXTENSION, SUITE 102B
HOLLYWOOD FL 330247777 N. DAVIE RD. EXTENSION, SUITE 102B
HOLLYWOOD FL 33024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEJ Number

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHEDIAK, MIRTA**7777 N. DAVIE RD. EXTENSION, SUITE 102B
HOLLYWOOD FL 33024**

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.

SIGNATURE

Signature, typed as printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

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, 2001 Fee will be \$350.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
 NAME **BUCK, C.V.**
 STREET ADDRESS **7777 N. DAVIE RD. EXTENSION, SUITE 102B**
 CITY-ST-ZIP **HOLLYWOOD FL 33024**

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

TITLE **D** ☐ Delete
 NAME **BUCK, C.V.**
 STREET ADDRESS **7777 N. DAVIE RD. EXT. STE 102B**
 CITY-ST-ZIP **HOLLYWOOD FL 33024**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 807, 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: *C.V. Buck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/01 954 920-9072

Date

Daytime Phone #

CR2034 (10/00)