

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90460 042 \*\*\*158.75

**A0021059**

DO NOT WRITE IN THIS SPACE

**DOCUMENT # 000000044143**

1. Entity Name

**THE SCENT OF CEDAR, INC.**

Principal Place of Business

**7612 MELISSA CT. NORTH  
 JACKSONVILLE, FL. 32210**

Mailing Address

2. Principal Place of Business

**9799 OXFORD STATION DR.**

3. Mailing Address

**9799 OXFORD STATION DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**JACKSONVILLE, FL.**

City & State

**JACKSONVILLE, FL.**

4. FEI Number

**59-3645531**

Applied For

Not Applicable

Zip

**32221**

Country

**U.S.A.**

Zip

**32221**

Country

**U.S.A.**

5. Certificate of Status Desired ☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**DUSS, ROBERT V  
 112 W. ADAMS ST., SUITE 1402  
 JACKSONVILLE, FL. 32202**

7. Name and Address of New Registered Agent

Name **DUSS, ROBERT V.**

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

**1050 RIVERSIDE AVENUE**

City **JACKSONVILLE**

**FL**

Zip Code  
**32204**

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.

**DUSS, ROBERT V**

**28 JAN 2001**

SIGNATURE

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, 2001 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 **D** ☒ Delete  
 NAME **WALKER, JAMES S JR.**  
 STREET ADDRESS **7612 MELISSA CT NORTH**  
 CITY-ST-ZIP **JACKSONVILLE, FL. 32210**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/T** ☒ Change ☐ Addition  
 NAME **WALKER, JAMES S JR.**  
 STREET ADDRESS **9799 OXFORD STATION DR.**  
 CITY-ST-ZIP **JACKSONVILLE FL. 32221**

TITLE **V/S** ☐ Change ☒ Addition  
 NAME **WALKER, TRACY L.**  
 STREET ADDRESS **9799 OXFORD STATION DR.**  
 CITY-ST-ZIP **JACKSONVILLE FL 32221**

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:**

**JAMES S. WALKER, JR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**28 JAN 2001**

Date

Daytime Phone #

CR2E034 (11/00)