

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90001 047 ***150.00

DOCUMENT # P01000001503

1. Entity Name
SCENTUOUS FRAGRANCES, INC.

Principal Place of Business
4901 TAMiami TRAIL NORTH
NAPLES FL 34103

Mailing Address
4901 TAMiami TRAIL NORTH
NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address
1610 CLERMONT SP.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
#105

City & State

City & State
NAPLES FL

Zip

Country

Zip
34109

Country
FLORIDA

4. FEI Number

59-3690048

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WEBRE, HAROLD J
GOODLETTE, COLEMAN & JOHNSON, P.A.
4001 TAMiami TRAIL N, SUITE 300
NAPLES FL 34103

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PT LIGHTMAN, GARY 4901 TAMiami TRAIL NORTH NAPLES FL 34103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ERICKSON, RICHARD H 4901 TAMiami TRAIL NORTH NAPLES FL 34103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LIGHTMAN, MARSHA 4901 TAMiami TRAIL NORTH NAPLES FL 34103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ERICKSON, SHERLYNN 4901 TAMiami TRAIL NORTH NAPLES FL 34103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/02

Date

239 430 9400

Daytime Phone #

CR2E034 (4/02)

Attachment
Doc. # P010800001503

Business Advisors

Arthur Rubin, EA.PA.

10001 Tamiami Trail North, Naples, FL 34108

Tel. 239.430.9400 Fax. 239.430.9402

artrubin@businessadvisors.biz

974964

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

In reference to:
Scentuous Fragrances, Inc.
P01000001503

August 08, 2002

The above referenced client has brought to our attention that after he received this notice from your department, he checked with his bank and found that the original check to your department, which was mailed in a timely manner, remains outstanding.

Therefore, we have suggested that they re-submit the UBR to your department immediately with a new check. They in turn, will notify their bank to stop payment on the original disbursement.

We also respectfully request that the penalty for late filing be abated.

Sincerely,



Arthur Rubin, EA

NOTICE: This document is a copy of a document filed with the Florida Department of State, Division of Corporations. It is not a legal document and should not be used as such. For more information, please contact the Florida Department of State, Division of Corporations, at (850) 487-1300.