

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90102 033 \*\*\*150.00

**DOCUMENT # P01000031815**  
 1. Entity Name  
**ADDED PRESERVATIVES, INC.**

Principal Place of Business      Mailing Address  
**303 CORTEZ ST.**      **PO BOX 2581**  
**NEW SMYRNA BEACH FL 32169**      **NEW SMYRNA BEACH FL 32170-2581**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**303 CORTEZ ST.**      **P.O. BOX 2581**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**New Smyrna Beach, FL**      **New Smyrna Beach, FL**  
 Zip      Country      Zip      Country  
~~32169~~      **USA**      ~~32170-2581~~      **USA**

4. FEI Number      Applied For  
**05-1005392**       Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HENRIKSON, GAIL ALEXIS**  
**303 CORTEZ ST.**  
**NEW SMYRNA BEACH FL 32169**

7. Name and Address of New Registered Agent  
 Name      **GAIL ALEXIS HENRIKSON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**303 CORTEZ STREET**  
 City      **NEW SMYRNA BEACH**      FL      Zip Code      **32169**

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      *Gail Henrikson*      DATE      **4-29-2002**  
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, 2002 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	<input type="checkbox"/> Delete
NAME	<b>P HENRIKSON, GAIL ALEXIS</b>
STREET ADDRESS	<b>PO BOX 2581</b>
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL 32170-2581</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *GAIL HENRIKSON*      **GAIL ALEXIS HENRIKSON - PRES.**      **4-29-2002**      **(386) 756-5268**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)