2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

P01000050911

EVERSCENTS, INCORPORATED

Principal Place of Business Mailing Address 930 32ND AVE 930 32ND AVE VERO BEACH FL 32960 VERO BEACH FL 32960





Principal Place of Business 3. Mailing Address					I MANARA INI BANK ININ ONKI BANK BANK BANK AKKA AKKA AKKA ININ NOKI ININ				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & St	ate	City & State		<u> </u>	4. FEI	Number 5-1100669			Applied For
Zíp	Country	Zip	Count	try	5. Cert	tificate of Status Desired	_	Fee Requ	Not Applicable Additional ired
	6.º Name and Address of Current	Registered Agent			7. Nam	e and Address of New Regis	stered A	gent	
930 32N	ANDER, CYNTHIA M ID AVE EACH FL 32980		 - -	Name Street Address (F		Number is Not Acceptable)		-	
				City			FL	Zip Co	ode
8. The abov	e named entity submits this statement for		registered	d office or registere	ed agent,	or both, in the State of Florida		· .	
	Signature, typed or printed name of registered agent ar	d title if applicable. (NOTE	E: Registered	Agent signature required v	when reinstati	ing)	DATE		
(See criteria on back) After May Make Check F			Will FEE IS \$150.00 2002 Fee will be \$550.00 able to Department of St			Election Campaign Financh Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees	
11.	OFFICERS AND D	RECTORS	12.		ADDITIO	ONS/CHANGES TO OFFICER	SANDI	PIRECTO	DC IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DPC MARGRANDER, STACEY L 4319 A WORSHAM AVE CATTANOOGA TN 37412 DV	☐ Defete	TITLE NAME STREET CHY-ST	ADDRESS T-ZIP				Change	
NAME STREET ADDRESS CHY-ST-ZIP	MARGRANDER, ROBERT G 930 32ND AVE VERO BEACH FL 32960	☐ Delete	NAME STREET	ADDRESS 1-zip		·~	[Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	DS SKIDMORE, JOSEPH L 4319 A WORSHAM AVE CATTANOOGA TN 37412	☐ Delete	TITLE NAME STREET A			· · · · · · · · · · · · · · · · · · ·] Change	Addition
ITTLE NAME STREET ADDRESS CITY-ST-ZIP	DT Margrander, Cynthia M 930 32ND AVE VERO BEACH FL 32960	Delete	TITLE NAME STREET A CITY-ST-			-		Change	☐ Addition
ITLE LAME TREET ADDRESS ETY-ST-ZIP		☐ Defete	TITLE NAME STREET AT	ľ			<u> </u>	Change	☐ Addition
ITLE AME IREET ADDRESS ITY-ST-ZIP 3. I hereby ce	ertify that the Information supplied with this	Delete	NAME STREET AL CIFY-ST-2	ZJP				Change	Addition

s true and accurate and that my signature shall have in Section 1190/(3)(i), Florida Statutes. I further certify that the information owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with all other like empowered.

4.29.62

772.567-2316