

2002
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90048 035 ***150.00

DOCUMENT # P01000102902

1. Entity Name

THISTLEROSE AROMA THERAPY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1403 S.E. 27TH STREET

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CAPE CORAL, FL

City & State

4. FEI Number
65-1147102

Applied For
Not Applicable

Zip
33904

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
NICOLE K. WYNNE

Street Address (P.O. Box Number is Not Acceptable)
1403 S.E. 27TH STREET

City
CAPE CORAL

FL

Zip Code
33904

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

Nicole K. Wynne

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-02

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
NICOLE K WYNNE
STREET ADDRESS
1403 S.E. 27TH STREET
CITY - ST - ZIP
CAPE CORAL, FL 33904

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE
D
NAME
JANET L ROBERTS
STREET ADDRESS
1403 S.E. 27TH STREET
CITY - ST - ZIP
CAPE CORAL, FL 33904

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Nicole K. Wynne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-02