FILED

2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 21, 2002 8:00 am Secretary of State DOCUMENT # P01000107781 03-20-2002 90020 013 ***150.00 1. Entity Name LIZ'S SCENTED CANDLES BOUTIQUE, INC. Principal Place of Business Mailing Address 2299 RIDGEWOOD AVE 2299 RIDGEWOOD AVE 24177 S DAYTONA FL 32119 S DAYTONA FL 32119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State " City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GLOVER, WILMA Street Address (P.O. Box Number is Not Acceptable) 2299 RIDGEWOOD AVE S DAYTONA FL 32119 City Zio 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. Wilma Blown • , K 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ŗ, (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) TITLE ☐ Delete TITLE ☐ Change NAME GLOVER, WILMA NAME STREET ADDRESS 2299 RIDGEWOOD AVE CR2E034 STREET ADDRESS S DAYTONA FL 32118 CITY-ST-712 CITY-ST-ZIP ELISA BETH TREVATHAN TITLE Delete MLE **Addition** NAME NAME 508 legume DRIVE PORT GRANGE FL 32127 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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