FILED
May 20, 2003 8:00 am
Secretary of State

04-28-2003 91296 022 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000070837

1. Entity Name
WORLD OF PERFUME OF OCALA, INC.

Principal Place of Business	Mailing Address
3100 COLLEGE RD., STE. 514 OCALA, FL 34474	3100 COLLEGE RD., STE. 514 OCALA, FL 34474

[redacted]

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Rt 22 BOX 22616	Rt 22 BOX 22616
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake City, FL	City & State: Lake City FL
Zip: 32024 Country: USA	Zip: 32024 Country: USA

4. FEI Number: 04-3693940 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ELLIS, RANDY RT 11 BOX 487-G LAKE CITY, FL 32024	Name: Melinda Ellis Street Address (P.O. Box Number is Not Acceptable): Rt 22 Box 22616 City: Lake City FL Zip Code: 32024

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: Melinda Ellis DATE: 04/16/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST WILLIAMS, MELINDA RT. 10 BOX 246 LAKE CITY, FL 32025	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ellis, Melinda Rt 22 BOX 22616 Lake City, FL 32024	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Tana Andrews Rt 2 BOX 903 Mayo, FL 32066	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Melinda Ellis Melinda Ellis 04/16/03 (352)316-2070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)