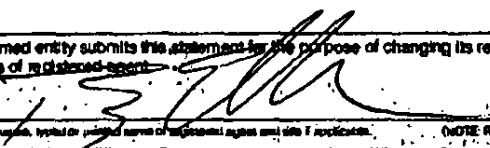


FILED
May 20, 2003 8:00 am
Secretary of State

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 3100 COLLEGE RD., STE. 514 OCALA, FL 34474		Mailing Address 3100 COLLEGE RD., STE. 514 OCALA, FL 34474	
2. Principal Place of Business Rt 22 Box 22616 Suite, Apt. #, etc.	3. Mailing Address Rt 22 Box 22616 Suite, Apt. #, etc.		
City & State Lake City, FL	City & State Lake City, FL		
Zip 32024	Country USA	4. FEI Number 04-3693940	Applied For Not Applicable
5. Certificate of Status Destroyed ☐	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ELLIS, RANDY RT 11 BOX 487-G LAKE CITY, FL 32024		7. Name and Address of Now Registered Agent 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		04/16/03	
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PVST WILLIAMS, MELINDA RT. 10 BOX 246 LAKE CITY, FL 32026	☐ 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 Maya, 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		04/16/03 (352)316-2070	