

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000031659

1. Entity Name

LOTIONS & POTIONS, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90014 034 ***150.00

Principal Place of Business

Mailing Address

5212 1/2 OCEAN BLVD.
UNIT 1
SIESTA KEY FL 34242

5212 1/2 OCEAN BLVD.
UNIT 1
SIESTA KEY FL 34242-3312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0428739

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

MILLER, KEITH SHARON
8429 MIDNIGHT PASS RD
SARASOTA FL 34232

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

4561 Busti Drive

City

Sarasota

FL

Zip Code

34232

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 Keith Sharon Miller President Keith Sharon Miller 3/30/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MILLER, KEITH S	
STREET ADDRESS	8429 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	WATROU, ADRIENE	
STREET ADDRESS	1873 S KIRKMAN	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	S	<input type="checkbox"/> Delete
NAME	MILLER, KEITH	
STREET ADDRESS	8429 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	T	<input type="checkbox"/> Delete
NAME	WATROU, RONALD	
STREET ADDRESS	8429 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4561 Busti Dr	
CITY-ST-ZIP	Sarasota FL 34232	
TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Watrous, Adrienne	
STREET ADDRESS	1315 E. Muriel	
CITY-ST-ZIP	Orlando FL 32806	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4561 Busti Dr	
CITY-ST-ZIP	Sarasota FL 34232	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4060 Redwood Ct	
CITY-ST-ZIP	Shaw AFB SC 29152	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Keith Sharon Miller Keith Sharon Miller 3/30/00 941-346-7546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)