

3/29.

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

03-29-2001 90031 047 ***150.00

DOCUMENT # P93000031659

1. Entity Name

LOTIONS & POTIONS, INC.

Principal Place of Business

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

Mailing Address

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

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

MILLER, KEITH SHARON
4561 BUSTI DRIVE
SARASOTA FL 34232

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip 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.

SIGNATURE

Keith Sharon Miller President Keith Sharon Miller

4/6/01

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, 2001 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

TITLE ☐ Delete

P
MILLER, KEITH S
4561 BUSTI DR
SARASOTA FL 34242

VPS
NAME
WATROUS, ADRIENNE
1315 E MURIEL
CITY - ST - ZIP
ORLANDO FL 32806

S
NAME
MILLER, KEITH
4561 BUSTI DR
CITY - ST - ZIP
SARASOTA FL 34232

T
NAME
WATROUS, RONALD
4060 REDWOOD CT
CITY - ST - ZIP
SHAW A F B SC 29152

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

VPS
NAME
Six. Adrienne
1315 E Muriel
CITY - ST - ZIP
Orlando FL 32806

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ 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 S. Miller Keith S. Miller

4/6/01

3/26/01 (941) 346-1546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)