

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90158 011 ***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

7. Name and Address of New Registered Agent

MILLER, KEITH SHARON
4561 BUSTI DRIVE
SARASOTA FL 34232

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 S. Miller **KEITH S. Miller President**

2-1-02

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, 2002 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** ☐ Delete
 NAME **MILLER, KEITH S**
 STREET ADDRESS **4561 BUSTI DR**
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPS** ☐ Delete
 NAME **SIX, ADRIENNE**
 STREET ADDRESS **1315 E. MURIEL**
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2517 Marzel Ave**
 CITY-ST-ZIP **Orlando FL 32806**

TITLE **S** ☐ Delete
 NAME **MILLER, KEITH**
 STREET ADDRESS **4561 BUSTI DR**
 CITY-ST-ZIP **SARASOTA FL 34232**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **WATROUS, RONALD**
 STREET ADDRESS **4060 REDWOOD CT**
 CITY-ST-ZIP **SHAW A F B SC 29152**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **172 Pine Bluff Dr**
 CITY-ST-ZIP **Newport News VA 23602**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 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**

2/1/02

941 346 1546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)