FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 15, 2002 8:00 am **Secretary of State** P93000038602 DOCUMENT # 1. Entity Name 02-15-2002 90020 030 \*\*\*150.00 WAREHOUSE FRAGRANCES, INC. Principal Place of Business Mailing Address 6195 PARK BLVD 6195 PARK BLVD PINELLAS PARK FL 34665 PINELLAS PARK FL 34665 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3190433 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CLARK, LAURENCE M Street Address (P.O. Box Number is Not Acceptable) 6195 PARK BLVD PINELLAS PARK FL 34665 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DP ☐ Delete TITLE Change Addition TITLE NAME CLARK, LAURENCE M NAME STREET ADDRESS STREET ADDRESS 6195 PARK BLVD PINELLAS PARK FL 34665 CITY-ST-ZIF CITY-ST-ZIP Addition TITLE DST ☐ Delete TITLE Change NAME MOSS, ELLEN NAME STREET ADDRESS STREET ADDRESS 6195 PARK BLVD CITY-ST-ZIP PINELLAS PARK FL 34665 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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.

G OFFICER OR DIRECTOR