

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000022629**

1. Entity Name

AMAZING ODOR CONTROL, INC.**FILED****Jan 31, 2001 8:00 am**
Secretary of State

01-31-2001 90287 016 ***158.75

D0011785

DO NOT WRITE IN THIS SPACE

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| Principal Place of Business 9600 W. SAMPLE ROAD. # 303 CORAL SPRINGS FL 33061 | Mailing Address 9600 W. SAMPLE ROAD. # 303 CORAL SPRINGS FL 33061 |
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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

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| 4. FEI Number 65-0482741 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent ESPOSITO, GREGORY 8000 WILES ROAD CORAL SPRINGS FL 33075 |
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| 7. Name and Address of New Registered Agent Name ELLIE COHEN Street Address (P.O. Box Number is Not Acceptable) 9600 W SAMPLE RD #303 City CORAL SPRINGS FL Zip Code 33065 |
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| 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 <i>Ellie Cohen</i> ELLIE COHEN, PRES. 1/24/01 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small> |
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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD COHEN, ELLIE 9600 W. SAMPLE ROAD, # 303 CORAL SPRINGS FL 33061 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD COHEN, MORTY 9600 W. SAMPLE ROAD, # 303 CORAL SPRINGS FL 33061 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 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 <i>Ellie Cohen</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date 1/24/01 Daytime Phone # 937 753 5229 |

CR2E034 (10/00)