

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000058546

1. Entity Name
NATURAL SCENTS, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90057 030 ***150.00

Principal Place of Business
483 MANDALAY AVE
STE 212
CLEARWATER BCH FL 34630
US

Mailing Address
483 MANDALAY AVE
STE 212
CLEARWATER BCH FL 34630
US

2. Principal Place of Business
310 Monroe ST
Suite, Apt. #, etc.
Dunedin

3. Mailing Address
310 Monroe ST
Suite, Apt. #, etc.

City & State
FLA.

City & State
Dunedin FL

Zip
34698

Country
USA

Zip
34698

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3328776**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DANIELE, MARY ANN
605 GARLAND CIR
INDIAN ROCKS BEACH FL 33785

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 _____
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
DANIELE, MICHAEL J
605 GARLAND CIRCLE
INDIAN ROCKS BEACH FL 33785

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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: Michael Daniele **MICHAEL DANIELE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01 727-735-9692
Date Daytime Phone #

0429010

CR2E034 (10/00)