## 2002 Uniform Business Report (UBR)

SIGNATURE:

## Mar 28, 2002 8:00 am P96000065139 DOCUMENT # **Secretary of State** 1. Entity Name 03-28-2002 90137 025 \*\*\*150.00 ZODIAC FRAGRANCES INCORPORATED Principal Place of Business Mailing Address 2577 JARDIN DRIVE 2577 JARDIN DRIVE WESTON FL 33327 WESTON FL 33327 HS US 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 65-0692036 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required > ~ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BREIER, ROBERT Street Address (P.O. Box Number is Not Acceptable) 2577 JARDIN DR WESTON FL 33327 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) vstd ☐ Addition TITLE ☐ Delete TITLE BREIER, SANDRA NAME 2577 JARDIN DRIVE STREET ADDRESS STREET ADDRESS WESTON FL 33327 CITY-ST-ZIP CITY-ST-ZIP PD TITLE ☐ Delete Change ☐ Addition BREIER, ROBERT NAME NAME 2577 JARDIN DRIVE STREET ADDRESS STREET ADDRESS WESTON FL 33327 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition BREIER, RICHARD NAME NAME 23334 TOWN WALK DRIVE STREET ADDRESS STREET ADDRESS HAMDEN CT 06518 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STAHL, RISA NAME NAME 10421 SW BANK ROAD STREET ADDRESS STREET ADDRESS VASHON WA 98070 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition BREIER, JILL NAME MAME 202 DEMOTT AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLIFTON NJ CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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