

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90070 030 \*\*\*150.00

**DOCUMENT # P96000083177**

1. Entity Name  
**BODY SCENTSATIONS-SGP, INC.**

Principal Place of Business <b>3501 S. TAMiami TRAIL          UNIT 103, SOUTHGATE PLAZA          SARASOTA FL 34239</b>	Mailing Address <b>3030 GULF OF MEXICO DR          LONGBOAT KEY FL 34228          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0704205**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**FOURNIER, ROBERT M  
 46 N WASHINGTON BLVD  
 SUITE 21  
 SARASOTA FL 34236**

Name  
 Street Address (P.O. Box Number's Not Acceptable)  
 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 not required when re-registering) 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>SCHATZ, PETER S</b> <b>3030 GULF OF MEXICO DR.</b> <b>LONGBOAT KEY FL 34228</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>SCHATZ, RAE B</b> <b>3030 GULF OF MEXICO DR.</b> <b>LONGBOAT KEY FL 34228</b>	TITLE NAME STREET ADDRESS CITY-STATE-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: *Rae B Schatz* **RAE B SCHATZ**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01  
Date

941-383-0818  
Daytime Phone #

CR2E034 (10/00)