

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90102 025 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103025					
1. Entity Name PATCHOULI'S & COMPANY INC					
Principal Place of Business COUNTY ROAD 30A SANTA ROSA BEACH FL 32459			Mailing Address P.O. BOX 4637 SANTA ROSA BEACH FL 32459		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3414642	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOSWELL, LINDA P.O. BOX 4637 SANTA ROSA BEACH FL 32459			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ (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. <input type="checkbox"/>			FILE NOW! FEE IS \$150.00 After MAY 1, 2000 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
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D FAIRBANKS, DIANNE T <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	P.O. BOX 4637		NAME		
STREET ADDRESS	SANTA ROSA BECH FL 32459		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	D BOSWELL, LINDA <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	P.O. BOX 4637		NAME		
STREET ADDRESS	SANTA ROSA BEACH FL 32459		STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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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 changed, or on an attachment with an address, with all other like empowered					
SIGNATURE: <i>X Linda Boswell</i>			Date: <i>5/12/00</i>		Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CRZE034 (9/99)