

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91114 038 ***150.00

DOCUMENT # P96000103025

1. Entity Name
PATCHOULI'S & COMPANY INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business COUNTY ROAD 30-A Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 4637 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State SEASIDE, FL	City & State SEASIDE, FL	4. FEI Number 59-3414642	Applied For Not Applicable
Zip 32459	Country USA	Zip 32459-4637	Country USA

DO NOT WRITE IN THIS SPACE	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name LINDA BOSWELL		
	Street Address (P.O. Box Number is Not Acceptable) 108 BEAL PARKWAY SOUTH		
City FORT WALTON BEACH		FL	Zip Code 32548

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 LINDA BOSWELL DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1; Fee is \$550.00 Amended UBR is \$61.25 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	P S T LINDA BOSWELL P.O. BOX 4637 SEASIDE, FL 32459-4637	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JAMES BOSWELL P.O. BOX 4637 SEASIDE, FL 32459-4637	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Linda Boswell **Linda Boswell** 4/17/02 **850-231-1447**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)