2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078148

SCENTBUSTERS, INC.

Principal Place of Business

Mailing Address

9600 WEST SAMPLE ROAD SUITE 303

CORAL SPRINGS FL 33065

9600 WEST SAMPLE ROAD SUITE 303 CORAL SPRINGS FL 33065-4035

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED Feb 15, 2000 8:00 am Secretary of State

02-15-2000 90008 003 ***158.75

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DO NOT WRITE IN THIS SPACE

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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMERILAWYER 343 ALMERIA AVENUE COPAL CABLES FI. 33134 City FL 7/p Code 8. The above named entity automits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Portica. SIGNATURE Grantus, synetic or present name of registricid agent and little? applicable P. Tille Corporation is elligible to satisfy its intrangible Task fling requires under necessarily. FEL NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILL NAME STREET ADDRESS CITY-S1-2P COPAL SPRINGS FI. 33085 Delete ITILE NAME STREET ADDRESS CITY-S1-2P Delete TITLE NAME STREET ADDRESS CITY-S1-2P Delete TITLE NAME STREET ADDRESS CITY-S1-2P Delete TITLE NAME STREET ADDRESS CITY-S1-2P Change CITY-S1-2P Change Change Change Change Change City-S1-2P Change Change Change City-S1-2P Change Change City-S1-2P Change Change Change City-S1-2P Change Change Change City-S1-2P Change Change City-S1-2P Change Change City-S1-2P Change Change Change City-S1-2P Change Change City-S1-2P Change Change Change City-S1-2P Change Change Change City-S1-2P Change Change Change Change City-S1-2P Change Change Change Change Change City-S1-2P Change Chan	Only a diate				65	-086409APPLIED FOR		Not Applicable		
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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 or 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 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 11 or Block 11 or Block 11 or Block 12 or Block 13 or Block 14 or Bloc		and the short the information as an all of colors	olo filina dono not avalife fa	_1	Soction	119 07(3)(i) Florido Statutos I	further of	ertify that the i	oformation	

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE