

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90949 004 ***150.00

DOCUMENT # U 19426
1. Entity Name
 SCENTASTICS, Inc. ✓

Principal Place of Business **Mailing Address**

2. Principal Place of Business
 4166 PROGRESS AVE
 Suite, Apt. #, etc.

3. Mailing Address
 c/o MAS
 P.O. Box 771210
 Suite, Apt. #, etc.

City & State
 NAPLES FL

City & State
 CORAL SPRINGS FL

Zip 34104 **Country**

Zip 33077-1210 **Country**

4. FEI Number
 65-0317748

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

C0058569

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 MILLER, JOSEPH E.

7. Name and Address of New Registered Agent

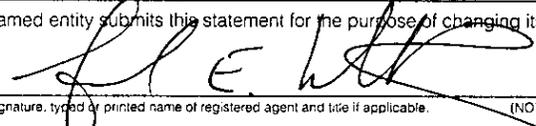
Name

Street Address (P.O. Box Number is Not Acceptable)
 3000 N. UNIVERSITY DRIVE

Suite E

City CORAL SPRINGS **FL** **Zip Code** 33065

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  **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)

FILE NOW!!! FEE IS \$150.00
After MAY 11, 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	
TITLE PT	<input type="checkbox"/> Delete
NAME GILBERT, KENNETH C	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
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CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 4166 PROGRESS AVE.	
CITY - ST - ZIP NAPLES FL 34104	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:  **KENNETH GILBERT** **4/23/01** **954-346-7288**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)