2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L50991 1. Entity Name F.A.C.S., INC.				FILED May 22, 2000 8:00 am Secretary of State 05-22-2000 90041 004 ***150.00	
% DENNIS C. H 10472 TAFT ST PEMBROKE PINI		% DENNIS C. HUGDAHL 10472 TAFT ST PEMBROKE PINES FL 33026-28	n9	1 (00)(0)(00) BUL BULL BULL BULL LONG (DIGH MET GIGH BULL BULL BULL) BURL BURL 100)	
Principal Place of Business 3. Mailing Address		CT			
/0452 Taxt 571 Suite, Apt. #, etc.		10452 TAFT Suite, Apt. #, etc.	<u> </u>	DO NOT WRITE IN THIS SPACE	
				L Applied For	
City & State	In De	lenhol fin	Country 2	4. FEI Number 65-0331989 Applied For Not Applicable \$8.75 Additional	
Zip 33 U 2	16 Breward	33026	Brown	5. Certificate of Status Desired Fee Required	
	6. Name and Address of Current F	Registered Agent	Name	7. Name and Address of New Registered Agent	
HUGDAHL, DENNIS C.				ss (P.O. Box Number is Not Acceptable)	
10472 TAFT ST PEMBROKE PINES FL 33026			10452	- TATT ST	
			CitDenh	rede line) FL 33021	
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 a	nd title if abblicable. (NOTE: Re	egistered Agent signature requ	quired when reinstating) DATE	
			FEE IS \$150.00		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Tax filing requirement and elects to do so. See criteria on back)			Fee will be \$550.0		
11.	OFFICERS AND I	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	D DENNIS C	☐ Delete	TITLE NAME	X Change ☐ Addition	
STREET ADDRESS	HUGDAHL, DENNIS C. 10472 TAFT ST		STREET ADORESS	Penperte Pinor De 33026	
CITY-ST-ZIP	PEMBROKE PINES FL		CITY-ST-ZIP		
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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.					
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SIGNAT	SIGNATURE AND TOPED OR PI	7 RINTED NAME OF SIGNING OFFICER OR	DIRECTOR	Date Daytime Phone #	