

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 547948

1. Entity Name

FAATZ, INC.

FILED

Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90025 037 ***158.75

Principal Place of Business

Mailing Address

2606 LAKE LAND HILLS BLVD.
LAKE LAND FL 33805

2606 LAKE LAND HILLS BLVD.
LAKE LAND FL 33805-2218

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1791519

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOOLEY, BRUCE
2606 LAKE LAND HILLS BLVD.
LAKE LAND FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 and title if applicable.

(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. (See criteria on back) ☐

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.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS WOOLEY, BRUCE
CITY-ST-ZIP 1256 SUMMIT CHASE
LAKE LAND FL

TITLE ☒ Change ☐ Addition
NAME P
STREET ADDRESS Wooley, Bruce
CITY-ST-ZIP 1404 Royal Forest Loop, No
Lakeland, FL 33811

TITLE ☐ Delete
NAME DT
STREET ADDRESS DASHER, TALMADGE
CITY-ST-ZIP 6355 ROSS CREEK RD.
KATHLEEN FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 (863) 682-1040
Date Daytime Phone #

CR 1014 1999