

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001711

1. Entity Name

FACES UNLIMITED CORPORATION

Principal Place of Business

Mailing Address

148 MIRACLE STRIP PKY.  
FORT WALTON BCH. FL 32548

148 MIRACLE STRIP PKY.  
FORT WALTON BCH. FL 32548

2. Principal Place of Business

148 MIRACLE STRIP PKY. SE  
Suite, Apt. #, etc.

3. Mailing Address

148 MIRACLE STRIP PKY. SE  
Suite, Apt. #, etc.

City & State

FT. WALTON BEACH, FL.

City & State

FT. WALTON BEACH, FL

Zip

32548

Country

OKALOOSA

Zip

32548

Country

OKALOOSA

6. Name and Address of Current Registered Agent

SARIA, MIGUEL  
5262 STEWART STREET  
MILTON FL 32750

4. FEI Number

88-0386535

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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

TITLE PVST ☐ Delete

NAME HIGGINS, SHARBRA  
STREET ADDRESS 5705 LEE STREET WEST  
CITY-ST-ZIP MILTON FL 32570

TITLE CVCD ☐ Delete

NAME HIGGINS, SHARBRA  
STREET ADDRESS 5705 LEE STREET WEST  
CITY-ST-ZIP MILTON FL 32570

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE PVST ☐ Change ☒ Addition

NAME HIGGINS, SHARBRA  
STREET ADDRESS 148 MIRACLE STRIP PKY. SE  
CITY-ST-ZIP FT. WALTON BCH., FL 32548

TITLE CVCD ☐ Change ☒ Addition

NAME HIGGINS, SHARBRA  
STREET ADDRESS 148 MIRACLE STRIP PKY. S.E.  
CITY-ST-ZIP FT. WALTON BEACH, FL 32548

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SHARBRA HIGGINS (PRESIDENT)

Date

Daytime Phone #

FILED

Feb 07, 2000 8:00 am  
Secretary of State

02-07-2000 90065 006 \*\*\*150.00

00010345



DO NOT WRITE IN THIS SPACE

Feb 1, 2000 (850) 244-0283