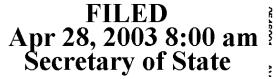
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## K95976 **DOCUMENT #**

1. Entity Name



FACT ENTERPRISES, INC.



04-28-2003 90208 009 \*\*\*150.00

Principal Place of Business     3. Mailing Address  Suite, Apt. #, etc.  Suite, Apt. #, etc.	
Suite Ant # etc Suite Ant # etc	
Conto, Apr. 11, Oto.	☐ CHECK HERE IF MAKING CHANGES
City & State City & State	4. FEI Number 65-0125991 Applied For Not Applicable
Zip Country Zip Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Name	
HORNYAK, VERA  357 6TH AVE. W.  Street Address	(P.O. Box Number is Not Acceptable)
BRADENTON FL 34205	
City	FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registe the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature require:  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00	
Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS 11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition
TITLE NAME ROSENBARGER, DWIGHT S STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34240 TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	Change Addition
TITLE Delete TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Change ☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP	☐ Change ☐ Addition
TITLE Delete TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP	☐ Change ☐ Addition
TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	Change Addition

polemental report is true aid accurate and that my signature shall have the same legal effect as if made under oath; that I am an office for or director over or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if my with an address, with all other life empowered. indicated on this report or sup of the corporation or the recei-changed, or on an attachment

**SIGNATURE:**