

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-29-2002 90007 005 ***150.00

DOCUMENT # M77399

1. Entity Name
FAUSTO'S INVESTMENT, CORP.

Principal Place of Business
**1105 WHITE ST
 1105 WHITE ST.
 KEY WEST FL 33040
 US**

Mailing Address
**% JAMES F. WEEKLEY
 1105 WHITE ST.
 KEY WEST FL 33040
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0055216		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				
		33527	HILLSBOROUGH				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WEEKLEY, JAMES F 519 ELIZABETH ST KEY WEST FL 33040				Name ALTON L. WEEKLEY Street Address (P.O. Box Number is Not Acceptable) 9410 BARRINGTON CREEK PLACE City DOVER FL Zip Code 33527			

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: *Alton L. Weekley* **ALTON L. WEEKLEY, PRESIDENT** **14 APRIL 2002**

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, 2002 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	D	WEEKLY, ALTON	<input type="checkbox"/> Delete	TITLE	DPC	WEEKLEY, ALTON L.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7108 WOODFIELD DR	TAMPA, FL		STREET ADDRESS	9410 BARRINGTON CREEK PLACE	DOVER, FL 33527	
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	DST	WEEKLEY, JAMES F	<input type="checkbox"/> Delete	TITLE	D	WEEKLEY, JAMES F.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	519 ELIZABETH ST	KEY WEST, FL 33040		STREET ADDRESS	519 ELIZABETH ST.	KEY WEST, FL 33040	
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	DP	WEEKLEY, ANA L	<input checked="" type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	517 ELIZABETH ST	KEY WEST, FL 33040		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	CD	WEEKLEY, CARL	<input checked="" type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	517 ELIZABETH ST.	KEY WEST FL		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE	DST	WEEKLEY, JR, CARL W.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS				STREET ADDRESS	1615 FOURTH STREET	LAKE PLACID, FL 33852	
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Alton L. Weekley* **ALTON L. WEEKLEY, PRESIDENT** **14 APRIL 2002**

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

(863) 668-6095

CR2E034 (9/01)