

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2003 8:00 am
Secretary of State

09-08-2003 90140 036 ****61.25

DOCUMENT # N02000003713

1. Entity Name

FACES MODELING TROUPE INC.



Principal Place of Business

3113 PONTIAC DR
TALLAHASSEE FL 32301

Mailing Address

3113 PONTIAC DR
TALLAHASSEE FL 32301

55056658

2. Principal Place of Business

2626 E. Park Ave
Suite, Apt. #, etc.
#1205

3. Mailing Address

2626 E. Park Ave.
Suite, Apt. #, etc.
#1205

☒ CHECK HERE IF MAKING CHANGES

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

39-366-9092

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUPONT, AKIL
3113 PONTIAC DR
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name
LaShonda Futrell
Street Address (P.O. Box Number is Not Acceptable)
2626 E. Park Ave
#1205
City
Tallahassee FL Zip Code
32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

LaShonda G. Futrell

(NOTE: Registered Agent signature required when reinstating)

DATE

8/31/03

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO DUPONT, AKIL 3113 PONTIAC DR TALLAHASSEE FL 32301	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KNIGHTON, TERRANCE 1112 S MAGNOLIA DR TALLAHASSEE FL 32301	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JACKSON, MAURISE 2833 S ADAMS ST TALLAHASSEE FL 32301	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Futrell, LaShonda 2626 E. Park Ave. #1205 Tallahassee, FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Chelvert J. Wellington 1447 Stone Rd Apt E35 Tallahassee, FL 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Smith, Ryan 1539 Paul Russell Rd. #2B Tallahassee, FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LaShonda Futrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25

(850) 656-6121

Date

Daytime Phone

CR2E037 (4/03)