

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000003573**

1. Entity Name

FACING EAST, INC.**FILED**
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90106 003 ****61.25

Principal Place of Business

631 TARPON AVE. #6393
FERNANDINA BEACH FL 32034-2105

Mailing Address

631 TARPON AVE. #6393
FERNANDINA BEACH FL 32034-2105

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

89-3452621

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

VAN WAGNER, NATALIE A
631 TARPON AVE. #6393
FERNANDINA BEACH FL 32034-2105

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

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
FOURNIER, JOHN E
1320-A ELM STREET
FERNANDINA BEACH FL 32034 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SOUTHWELL, MARLA D
108 SOUTH 18TH ST
FERNANDINA BEACH FL 32034 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
VANWAGNER, SCOTT A
631 TARPON AVE #6393
FERNANDINA BEACH FL 32034 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
VAN WAGNER, NATALIE A
631 TARPON AVE. #6393
FERNANDINA BEACH FL 32034-2105 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Natalie A. Van Wagner Natalie A. Van Wagner

4/17/01 (904) 261-2908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)