

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91408 022 ***150.00

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DOCUMENT # P00000052408

1. Entity Name
FAZUL ENTERPRISES, INC.



Principal Place of Business
**2861 S.E. WITLSHIRE TERR.
PORT SAINT LUCIE FL 34952**

Mailing Address
**2861 S.E. WITLSHIRE TERR.
PORT SAINT LUCIE FL 34952**

00031160



2. Principal Place of Business

3. Mailing Address

915 NE Jensen Beach BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jensen Beach FL

Zip

Country

Zip

Country

34957

USA

4. FEI Number **65-1013496**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SETTIPANI, STEVEN
2861 S.E. WITLSHIRE TERR.
PORT SAINT LUCIE FL 34952**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **SETTIPANI, STEVEN**
STREET ADDRESS **2199 SE ERWIN ROAD**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE **(Address only)** ☒ Change ☐ Addition
NAME **2861 SE Wiltshire Ter**
STREET ADDRESS **Port Saint Lucie FL 34952**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Dace, Danna VP**
STREET ADDRESS **2861 SE Wiltshire Ter**
CITY-ST-ZIP **Port Saint Lucie FL 34952**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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:

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/03 772-3340400

CR2E034 (10/02)