

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90072 002 ***150.00

926799



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000067729

1. Entity Name
HAPPY FACE FINANCIAL SERVICES, INC.

Principal Place of Business

**437 N.E. 23RD AVE #3
POMPANO BEACH FL 33062**

Mailing Address

**437 N.E. 23RD AVE #3
POMPANO BEACH FL 33062**

2. Principal Place of Business

437 NE 23 Ave

3. Mailing Address

437 NE 23 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3

3

City & State

Pompano Beach, FL

City & State

Pompano Beach FL

Zip

33062

Country

USA

Zip

33062

Country

USA

4. FEI Number

05-102-9514

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORGAN, DAVID

437 N.E. 23RD AVE #3

POMPANO BEACH FL 33062

Name

N/A
Street Address (P.O. Box Number is Not Acceptable)

City

N/A

FL

Zip Code
N/A

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)

David W. Morgan, President

1/4/01

(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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	President David W. Morgan 437 NE 23 Ave #3 Pompano Beach FL 33062	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

(Signature)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David W. Morgan

1/4/01

DATE

9544108400

Daytime Phone #

CR2E034 (10/00)