

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90064 035 ***150.00

DOCUMENT # P01000012737

1. Entity Name
FARIS 1ST, INC.

Principal Place of Business

1200 SURF ROAD
 SINGER ISLAND FL 33404

Mailing Address

1200 SURF ROAD
 SINGER ISLAND FL 33404

2. Principal Place of Business

1200 SURF RD
 Suite, Apt. #, etc.

3. Mailing Address

1200 SURF RD
 Suite, Apt. #, etc.

City & State

SINGER ISLAND, FL

City & State

SINGER ISLAND, FL

Zip

Country

33404 USA

Zip

Country

33404 USA

4. FEI Number

65-1074724

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

EISINGER, DENNIS J
4000 HOLLYWOOD BLVD STE 265-S
HOLLYWOOD FL 33021

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

SIGNATURE **DENNIS EISINGER**

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE **D** ☐ Delete
 NAME **LACEY, CRAIG D**
 STREET ADDRESS **1200 SURF ROAD**
 CITY-ST-ZIP **SINGER ISLAND FL 33404**

TITLE **D** ☐ Delete
 NAME **LACEY, LEYLA S**
 STREET ADDRESS **1200 SURF ROAD**
 CITY-ST-ZIP **SINGER ISLAND FL 33404**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

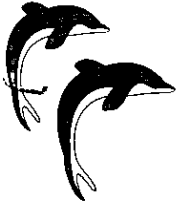
CR2E034 (4/02)

Attachment

#PO1000012737

FARIS 1st Inc., dba

979366



Seaside Assisted Living
for seniors

August 20, 2002

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern;

Please be advised that Faris 1st Inc. has not received a prior notice of Uniform Business Report. Enclosed, please find a check in the amount of \$150.00 for the original filing fee.

Should you have any questions, or require any additional information, please contact me at either (561) 881-2266 or (561) 358-1792.

Sincerely;


Leyla Lacey
Secretary