FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2003 8:00 am
Secretary of State
06-16-2003 90150 005 ***150.00

DOCUMENT # P01000014009 (L)

1. Entity Name
Faison Enterprises, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
523 W Hull Ave ~~202 North Street~~	P.O. Box 783412
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Oakland ~~Winter Garden~~ Fla	City & State: Winter Garden Fla
Zip: 34760 ~~Fla~~ Country: USA	Zip: 34787 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-369-7755 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Rinie Faison
Street Address (P.O. Box Number is Not Acceptable): 523 W Hull Ave
City: Oakland FL Zip Code: 34760

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] 06.13.03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	P, S, T
NAME	Rinie Faison
STREET ADDRESS	523 West Hull Ave
CITY-ST-ZIP	Oakland FLA 34760
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 06-13-03 (321)662-5365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

80126419
P0100G014009

06.13.03

Rinie Faison, President
523 West Hull Ave Oakland
Fla 34760
(Mailing) P.O. Box 783412
Winter Garden Fla 34787

To whom it may concern,

My name is Rinie Faison acting President of Faison Enterprises, Inc. I called your office early this year informing them of an address change, I thin was told by personal that I would have to write my address and mail it into your office, that I've done along with my mailing address but I didn't receive a Uniform business Report so I called your office just last week and they explained to me that only my physical address was recorded, I was thin told that an application would be sent out, and I am to complete the application along with the enclosed check and a letter exsplaining my situation please take this letter into concederation.

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If there any questions or comment please feel free to call # 321 662 5365

Thank You
Lorie Garcia, President