

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90097 045 \*\*\*550.00

DOCUMENT # *P01000043686*

1. Entity Name

*FACADE, INC*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*3715 W. SPRUCE ST.*

Suite, Apt. #, etc.

3. Mailing Address

*3715 W. SPRUCE ST.*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*TAMPA, FL*

City & State

*TAMPA, FL*

4. FEI Number

*59-375-0136*

Applied For

Not Applicable

Zip

*33609*

Country

*USA*

Zip

*33609*

Country

*USA*

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

*THOMAS C. LITTLE*

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

*2123 N. COACHMAN RD. SUITE H*

City

*CLEARWATER*

FL

Zip Code

*33765*

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<i>DIRECTOR</i>
NAME	<i>ANDREA KASS</i>
STREET ADDRESS	<i>3715 WEST SPRUCE STREET</i>
CITY - ST - ZIP	<i>TAMPA, FL 33609</i>
TITLE	<i>DIRECTOR</i>
NAME	<i>PEL LACRUZ, WATKINS</i>
STREET ADDRESS	<i>2410 Portland Street</i>
CITY - ST - ZIP	<i>Sarasota, FL 34239</i>
TITLE	
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STREET ADDRESS	
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**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

*PEL LACRUZ WATKINS*

*9/17/02*

*215-848*

*8455*

CR2E034B (12/01)

*Attachment # PO1000043686*  
**William C. Price, III, P.A.**  
*Attorney and Counselor at Law*

*Civil & Criminal Litigation*  
*Personal Injury*  
*Family Law*

**678/58**  
522 Twelfth Street West  
Bradenton, Florida 34205  
(941) 747-8001 - Fax (941) 747-3730

September 12, 2002

DIVISION OF CORPORATIONS  
Department of State  
409 East Gaines Street  
Tallahassee, Florida 32399

RE: FACADE, INC.

Dear Sir/Madam:

Enclosed please find check no.: 10090 in the amount of \$550.00 and the Uniform Business Report for FACADE, INC. Please reinstate the corporation and send confirmation to my office. Thank you for your prompt attention to this matter and please call with any questions you may have.

Sincerely yours,

  
William C. Price, III

WCP/cla  
enclosure