2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/17/2003-90021-006-$150.00-$150.00

DOCUMENT # P01000043686

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 03

1. Entity Name
FACADE, INC.

Principal Place of Business	Mailing Address
3715 W SPRUCE ST TAMPA, FL 33609	3715 W SPRUCE ST TAMPA, FL 33609

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	107 ARMENIA North Suite, Apt. #, etc.
City & State	City & State TAMPA Florida
Zip / Country	Zip 33614 / Country USA

4. FEI Number 59-3750136 ☐ 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
LITTLE, THOMAS C 2123 NE COACHMAN RD, SUITE A CLEARWATER, FL 33765	Name PELE' WATKINS Street Address (P.O. Box Number is Not Acceptable) 107 N. ARMENIA City TAMPA FL Zip Code 33614

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 PELE WATKINS 9/15/03

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KASS, ANDREA 3715 W SPRUCE ST TAMPA, FL 33609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WATKINS, PELE LACRUZ 2410 PORTLAND STREET SARASOTA, FL 34239	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WATKINS, PELE LACRUZ ☐ Change ☐ Addition 107 ARMENIA N. (CHANGE ADDRESS) TAMPA FL 33614
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000024103460 ☐ Change ☐ Addition 10/27/03--01024--005 **400.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: PELE' L. WATKINS 9/11/03 (813) 873-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

813 254-8856

JJ 10/20