

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000023094

Entity Name: FAUX CREATIONS, INC.

FILED
Apr 28, 2003
Secretary of State

Current Principal Place of Business:

2303 SAWGRASS VILLAGE DR.
PONTE VEDRA BCH, FL 32082

New Principal Place of Business:

Current Mailing Address:

2303 SAWGRASS VILLAGE DR.
PONTE VEDRA BCH, FL 32082

New Mailing Address:

FEI Number: 03-0421058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAREN, LAUREN
2303 SAWGRASS VILLAGE DR.
PONTE VEDRA BCH, FL 32082

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRAREN, LAUREN
Address: 2303 SAWGRASS VILLAGE DR.
City-St-Zip: PONTE VEDRA BCH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BRAREN, LAUREN
Address: 2303 SAWGRASS VILLAGE DR.
City-St-Zip: PONTE VEDRA BCH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAUREN BRAREN

PRES

04/28/2003

Electronic Signature of Signing Officer or Director

Date