


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

FILED
Aug 13, 2003 8:00 am
Secretary of State

08-13-2003 90076 010 ***550.00

DOCUMENT # <u>P02000027492</u>	
1. Entity Name <u>Mo' Faux Finishes 2 Design, Inc</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>79 1st Street</u>	3. Mailing Address <u>P.O. Box 61081</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <u>Ft. Myers, FL</u>	City & State <u>Ft. Myers, FL</u>
Zip <u>33907</u> Country <u>USA</u>	Zip <u>33906</u> Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>04-3677689</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>Jeanne L. Seewald</u>
Street Address (P.O. Box Number is Not Acceptable) <u>5811 Pelican Bay Blvd. Ste. 600</u>
City <u>Naples</u> State <u>FL</u> Zip Code <u>34108</u>

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>P</u> <u>Elise Nothstine</u> <u>79 1st Street</u> <u>Ft Myers, FL 33907</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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

Elise Nothstine

Date 08.12.03