


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

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90048 010 \*\*\*150.00

DOCUMENT # <u>P04000019042</u>	
1. Entity Name <u>ABSOLUTELY FAUX, INC.</u>	

**DO NOT WRITE IN THIS SPACE**

**50018941**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>9139 Timberlin Lake Rd</u> Suite, Apt. #, etc.		3. Mailing Address <u>9139 Timberlin Lake Rd</u> Suite, Apt. #, etc.	
City & State <u>JACKSONVILLE FL</u>		City & State <u>JACKSONVILLE, FL</u>	
Zip <u>32256</u>	Country <u>DUVAL</u>	Zip <u>32256</u>	Country <u>DUVAL</u>
4. FEI Number <u>32-0105534</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <u>Linda L. Conway</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>9139 Timberlin Lake Rd</u>	
	City <u>JACKSONVILLE</u>	FL <u>32256</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

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>Linda L. Conway</u> <u>9139 Timberlin Lake Rd</u> <u>JACKSONVILLE, FL 32256</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>CFO</u> <u>Linda L. Conway</u> <u>9139 Timberlin Lake Rd</u> <u>JACKSONVILLE, FL 32256</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary</u> <u>DONALD L. Conway</u> <u>9139 Timberlin Lake Rd</u> <u>JACKSONVILLE, FL 32256</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:

Linda L. Conway President

2-22-05

(904) 519-5901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)