## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P93000004152

1. Entity Name

FAX & FIGURES, INC.



## **FILED** Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90125 024 \*\*\*150.00

Principal Place 19 SABAL PA LARGO FL 33				GOO WE IN	1				
		_19 SAB	Address AL PALM FL 33770			1 1 <b>30</b> 11 <b>3</b> 51 (11 10)10 (1111) <b>00</b> 111	<b>88</b> 714 <b>88</b> 814 <b>88</b> 814 8		()- <b>0</b> .17( <b>0</b> .170)
2. Principal F	Place of Business	3. Mailir	ng Address	······································					
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.			П снеск нев	E IF MAKING	CHANGES	
City & State		City &	City & State			4. FEI Number 59-3169785 Applied For			
Zip	Country	Zip		Country	5.	Certificate of Status Desired		\$8.75 Ad	
<del></del>	6. Name and Address of (	Current Registered	Agent			Standard and Add Co. victor		Fee Requir	ed
	VI 1121110 2110 71001003 071	ourient negistered	Agein	Name	<del></del>	Name and Address of New	Registered A	gent	
WALKER	KATHLEEN J			rame					
			Street Addres			(P.O. Box Number is Not Acceptable)			
19 SABAL	_				·		•		
Largo Fl	. 33770					<del></del>		<del></del>	
				City	-			7:- 0-	
							FL	Zip Cod	
8. The above the obligat	named entity submits this state ions of registered agent.	ement for the purpos	e of changing its r	egistered office or reg	istered ag	gent, or both, in the State of F	Florida. I am fa	amiliar with,	and accept
SGNATURE _	Signature, typed or printed name of registe	ered agent and title if applica	ble. (NOTE:	Registered Agent signature re-	nuired when re	ginetation	DATE		<del> </del>
· · · · · · · · · · · · · · · · · · ·			(11012)	- Taganorou Agont orginaturo for		onistating)	DATE		
After	LE NOW!!! FEE IS \$150. May 1, 2003 Fee will be \$5 Payable to Florida Departr	50.00				9. Election Campaign F Trust Fund Contribut	~ ~	<b>\$5.0</b> Adde	00 May Be d to Fees
10.	OFFICER	RS AND DIRECTORS	<del></del>	<b>1</b> 11.	ΔΓ	DOITIONS/CHANGES TO OF	FICERS AND	DIDECTOR	PC IN 11
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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: Kathlen QUBILLE CHATEL

727/581-6760