

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91517 047 ***150.00

DOCUMENT # **P 930000 57045**

1. Entity Name

The Faring Specialist Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11692 Waterbend Ct.

3. Mailing Address

900 E Atlantic Blvd

Suite, Apt., #, etc.

Suite, Apt., #, etc.

Ste 17

DO NOT WRITE IN THIS SPACE

City & State

Wellington FL

City & State

Pompano Beach FL

4. FEI Number

65-0428846

Applied For

Not Applicable

Zip

33414

Country

USA

Zip

33060

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Charles Drown

Street Address (P.O. Box Number is Not Acceptable)

900 E. Atlantic Blvd, Ste 17

City

Pompano Beach

FL

Zip Code

33060

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.

SIGNATURE

Charles Drown

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/02

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so ☐

(See criteria on back)

January 1st - May 1st Fee is \$150.00

After May 1st Fee is \$550.00

Amended UBR is \$60.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution: ☐

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	Charles Drown
STREET ADDRESS	11692 Waterbend Ct
CITY- ST- ZIP	Wellington, FL 33414
TITLE	Nicholas Dodd
NAME	Nicholas Dodd
STREET ADDRESS	636 Line T Circle
CITY- ST- ZIP	Delray Bch, FL 33444
TITLE	
NAME	
STREET ADDRESS	
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CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles Drown

Charles Drown

4/15/02

954-783-5030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)