

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000040267

1. Entity Name

THE FACE PLACE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90083 031 ***150.00

Principal Place of Business

2090 THOMASVILLE RD
TALLAHASSEE FL 32312
US

Mailing Address

1475 ~~401~~ BETHEL CHURCH RD
TALLAHASSEE FL 32304-8658
US

2. Principal Place of Business

3. Mailing Address

1475 Bethel Church Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Tallahassee, FL

Zip

Country

Zip

Country

32304

4. FEI Number

59-3323271

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

1475 ~~1401~~ SINGLETARY, SHERYL
BETHEL CHURCH RD
TALLAHASSEE FL 32312

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SINGLETARY, SHERYL
1475 ~~1401~~ BETHEL CHURCH RD
TALLAHASSEE FL 32312

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1475 Bethel Church Rd
Tallahassee, FL 32304

☒ Change

☐ Addition

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

☐ Change

☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sheryl R Singletary

Date

Daytime Phone #

26 APR 2000 (850) 386-3223

CR2E034 19/99