

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000006374

1. Entity Name

FACE VALUE, INC.

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

06-08-2000 90039 034 ***150.00

Principal Place of Business

2240 WOODBRIGHT ROAD
STE 406
BOYNTON BEACH FL 33426
US

Mailing Address

2240 WOOLBRIGHT ROAD
STE 406
BOYNTON BEACH FL 33426-6201
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0665482

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DAVIS, RAYMOND W.
2240 WOOLBRIGHT ROAD
SE 406
BOYNTON BEACH FL 33426

Name

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

City

FL

Zip Code

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 PD
NAME DAVIS, MARY A
STREET ADDRESS 2536 SOUTHWEST 10TH STREET
CITY-ST-ZIP BOYNTON BEACH FL 33426 ☒ Delete

TITLE PD
NAME KAREN POLLEY
STREET ADDRESS 5653 ORANGE RD
CITY-ST-ZIP WEST PALM BCH, FL 33413 ☒ Change ☐ Addition

TITLE VD
NAME DAVIS, RAYMOND W
STREET ADDRESS 2536 SOUTHWEST 10TH STREET
CITY-ST-ZIP BOYNTON BEACH FL 33426 ☒ Delete

TITLE VD
NAME FREDERICK POLLEY
STREET ADDRESS 5653 ORANGE RD
CITY-ST-ZIP WEST PALM BCH, FL 33413 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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: Karen Polley KAREN POLLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00

Date

561-735-3394

Daytime Phone #