2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000055725 1. Entity Name

FAITH ENTERPRISES INTERNET SOLUTIONS, INC.

Principal Place of Business

Mailing Address

TAHOE COURT

1264 TAHOE COURT

ORANGE	PARK	FŁ	32065-6675

FILED Apr 18, 2000 8:00 am Secretary of State

04-18-2000 90070 022 ***150.00

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Principal Place of Business 3		3. Mailing Address		L 1981/1981 AND 1888 HAVE BRING BRING BRING BRING BRING HAVE HAVE HAVE HAVE AND			
Suite, Apt. #, etc. Suite, Ap		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number 59-3517730 Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired Session Ses			
	6. Name and Address of Current F	legistered Agent		7. Name and Address of New Registered Agent			
			Name				
RAX CO. 50 NORTH LAURA STREET 3300 BARNETT CENTER JACKSONVILLE FL 32202			Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
			City	FL Zip Code			
	named entity submits this statement for	the purpose of changing its	s registered office or req	egistered agent, or both, in the State of Florida.			
CINIATIONE -	Signature, typed or printed name of registered agent ar	nd title if applicable (NOT	E: Registered Agent signature re	e required when reinstating) DATE			
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 20	!!! FEE IS \$150.00 300 Fee will be \$550 ble to Department o	Trust Fund Contribution.			
. —	OFFICERS AND D	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
	D MUNTAIN, TERRY 1264 TAHOE COURT ORANGE PARK FL 32065	☐ Delête	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
 ST-ZIP	D MUNTAIN, SUSAN 1264 TAHOE COURT ORANGE PARK FL 32065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
NOISE 195 ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TOUTESS :		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition			
ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			

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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

#GMATURE:

SOON Muntain E SUSTED Muntain

4-11-00 904-276-547

904-276-7300

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