

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013855

1. Entity Name
FAF GROUP V, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90105 044 ***150.00

Principal Place of Business 220 S FRANKLIN STREET TAMPA FL 33602	Mailing Address 220 S FRANKLIN STREET TAMPA FL 33602-5330
--	---

2. Principal Place of Business 13575 58th Street North Suite, Apt. #, etc. #144 City & State Clearwater, FL Zip 33760 Country USA	3. Mailing Address 13575 58th Street North Suite, Apt. #, etc. #144 City & State Clearwater, FL Zip 33760 Country USA
--	--



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3566121	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RIDDLE, JENNIFER 220 S FRANKLIN STREET TAMPA FL 33602	7. Name and Address of New Registered Agent Name David M. Jeffries Street Address (P.O. Box Number is Not Acceptable) 220 S. Franklin Street City Tampa FL Zip Code 33602
--	--

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 David M. Jeffries DATE 1/17/2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$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	President Daniel Lubeck 13575 58th Street North, #144 Clearwater, FL 33760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Michael Berardi 13575 58th Street North, #144 Clearwater, FL 33760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Pamela Lubeck 13575 58th Street North, #144 Clearwater, FL 33760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Joseph Lubeck 13575 58th Street North, #144 Clearwater, FL 33760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE: David M. Jeffries DATE 4/25/2000 727-538-7706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)