

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015252

1. Entity Name

FACIAL ACCENTS BY LEANNE, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90040 035 ***150.00

Principal Place of Business

4255 W HUMPHREY STREET
TAMPA FL 33614

Mailing Address

4255 W HUMPHREY STREET
TAMPA FL 33614-1966

2. Principal Place of Business

3500 E. FLETCHER AVE

Suite, Apt. #, etc.

SUITE 308

City & State

TAMPA, FL

Zip
33613

Country
USA

3. Mailing Address

3500 E. FLETCHER AVE

Suite, Apt. #, etc.

SUITE 308

City & State

TAMPA, FL

Zip
33613

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3558656

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATKINS, CARL T
7345 JACKSON SPRINGS ROAD
TAMPA FL 33634

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, LEANNE	
STREET ADDRESS	4255 W HUMPHREY STREET	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEANNE CARTER, PRESIDENT

Date

Daytime Phone #

2-15-00 (813) 979-9893

CR2E034 (9/99)