

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90057 046 ***150.00

DOCUMENT # P99000017048

1. Entity Name
FAYE'S PORCELAIN STUDIO, INC.



Principal Place of Business
**5678 COLCORD AVE
JACKSONVILLE FL 32211**

Mailing Address
**PO BOX 41285
JACKSONVILLE FL 32211**

2. Principal Place of Business

3. Mailing Address

1201 N. Third Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
JACKSONVILLE BEACH, FL

Zip

Country

Zip

Country

32250

USA

4. FEI Number **59-3561199**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCKEE, FAYE
5678 COLCORD AVE
JACKSONVILLE FL 32211**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	MCKEE, FAYE	
STREET ADDRESS	5678 COLCORD AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARKLAND, CHARLES	
STREET ADDRESS	5678 COLCORD AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCKEE, WILLIAM	
STREET ADDRESS	5678 COLCORD AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Faye Mckee* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-03

Date

904-725-3152

Daytime Phone #

CR2E034 (10/02)