

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022977

1. Entity Name

Let's face it Florida, Inc

FILED

00 FEB -9 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4302 E 10TH Street
Suite 405
TAMPA, FL 33605

2. Principal Place of Business

4302 E 10TH St.
Suite, Apt. #, etc.
405
City & State
TAMPA, Florida

3. Mailing Address

4302 E 10TH St
Suite, Apt. #, etc.
405
City & State
TAMPA, Florida

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3565321

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Sherri L. Ruiz
4302 E 10TH STREET
Suite 405
TAMPA, FL 33605

7. Name and Address of New Registered Agent

Name
N/A

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT, S, D
Sherri L. Ruiz
333 FAIRBURY RD, Unit B231
TAMPA, FL 33619

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P S D
4302 E 10TH ST, Suite 405
TAMPA, FL 33605 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RAYMOND DeCoteau T
4302 E 10TH ST, Suite 405
TAMPA, FL 33605 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000003136360-9
-02/15/00-01112-009
****150.00 ****150.00 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/00

Date

813 242-4440

Daytime Phone *

CR2E034 (9/99)