## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 23, 2001 8:00 am Secretary of State DOCUMENT # P99000022977 05-23-2001 91175 048 \*\*\*150.00 "LETS FACE IT" FLORIDA, INC. Mailing Address Principal Piace of Business 4302 E. 10TH ST. 4302 E. 10TH ST. #405 TAMPA FL 33605 TAMPA FL 33605 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3565321 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUIZ. SHERRI L Street Address (P.O., Box Number is Not Acceptable) 4302 E. 10TH ST. #405 TAMPA FL 33605 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) GATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 20(1 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) TITLE Deiete TITLE Change : Addition RUIZ, SHERRI L NAME: NAME STREET ADDRESS 333 FALKENBURG RD., UNIT B231 STREET ACCRESS 4302 E 10th St., Suite 405 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33619** Tampa, FL 33605 11T! F Change Addition ☐ Delete TITLE DECOTEAU, RAYMOND NAME NAME STREET ADDRESS 4302 E. 10TH ST., SUITE 405 STREET ADDRESS CITY-ST-20 **TAMPA FL 33605** CITY-ST-ZIP TITLE ☐ Addition . Detete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-2iP CITY - ST - ZIP Addition TITLE TITLE Chance. ☐ Delete NAME STREET ADORESS STREET ADDRESS CHY-SY-ZIP CITY-ST-792 TITLE ☐ Deleto TITE F ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP TITLE TITLE Change Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify to 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 of 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

FILED