

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90172 015 ***150.00

DOCUMENT # P99000022977

1. Entity Name
"LETS FACE IT" FLORIDA, INC.

Principal Place of Business
**4302 E. 10TH ST.
#405
TAMPA FL 33605**

Mailing Address
**4302 E. 10TH ST.
#405
TAMPA FL 33605**

2. Principal Place of Business
4302 E. 10th Avenue

3. Mailing Address
4302 E. 10th Avenue

Suite, Apt. #, etc.
Suite #405

Suite, Apt. #, etc.
Suite #405

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33605

Country
Hillsborough

Zip
33605

Country
Hillsborough

4. FEI Number
59-3565321

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE



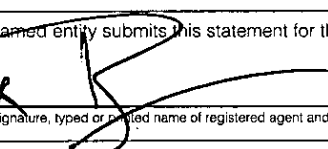
6. Name and Address of Current Registered Agent

**RUIZ, SHERRI L
4302 E. 10TH ST.
#405
TAMPA FL 33605**

7. Name and Address of New Registered Agent

Name
Ruiz, Ray A
Street Address (P.O. Box Number is Not Acceptable)
4302 E. 10th Avenue
Suite #405
City **Tampa** **FL** Zip Code **33605**

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  **Ray Ruiz, President & Reg. Agent**

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, 2002 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

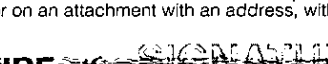
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD RUIZ, SHERRI L 4302 E 10TH STREET STE 405 TAMPA FL 33605 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DECOTEAU, RAYMOND 4302 E. 10TH ST., SUITE 405 TAMPA FL 33605 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RUIZ, Ray A 4302 E. 10th Ave., Ste#405 Tampa, FL 33605 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813) 242-4440

CR2E034 (9/01)