

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/24

**FILED**  
**Jun 29, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90188 038 \*\*\*150.00

DOCUMENT. # 999000054345  
 1. Entity Name  
Faces By Colleen Inc.

Principal Place of Business Mailing Address  
Faces  
100 S. Pinellas Ave

2. Principal Place of Business 3. Mailing Address  
Faces 100 S. Pinellas  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Tarpon Springs Fl. Tarpon Springs Fl.  
 Zip Country Zip Country  
34689 Pinellas Same Same

4. FEI Number Applied For  
59-3582695 Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
Colleen K. Grestko  
100 S. Pinellas Ave.  
T.S. Fl 34689

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 Colleen K. Grestko Registered Agent Incorporator 6-16-00  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) 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 Colleen K. Grestko 100 S. Pinellas Ave. T.S. Fl. 34689  
☐ Delete  
 TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Delete  
 TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Delete  
 TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Delete  
 TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
☐ Change ☐ Addition  
 TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Change ☐ Addition  
 TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Change ☐ Addition  
 TITLE NAME STREET ADDRESS 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: Colleen K. Grestko 5-5-00 (727) 942-1223  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)