

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90334 006 ***150.00

DOCUMENT # P99000054345

1. Entity Name
FACES-BY-COLLEEN, INC.

Principal Place of Business
100 S. PINELLAS AVE.
TARPON SPRINGS FL 34689

Mailing Address
100 S. PINELLAS AVE.
TARPON SPRINGS FL 34689

B0131395



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 S. Pinellas Ave

3. Mailing Address

100 S. Pinellas Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FL 34

City & State

City & State

4. FEI Number **59-3582695**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRESKO, COLLEEN
100 S. PINELLAS AVE.
TARPON SPRINGS FL 34689

Name **Colleen K. Gresko**

Street Address (P.O. Box Number is Not Acceptable)

100 S. Pinellas

City

Tarpon Springs

FL

Zip Code

34689

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **GRESKO, COLLEEN**
 STREET ADDRESS **100 S. PINELLAS AVE.**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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. Gresko

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-02

Date

Daytime Phone #

CR2E034 (4/02)

Attachments

BD131395

To Whom it may concern,

~~PT1000054345~~

Please except my check for renewal
my check + signed document got misplaced,
or lost getting back to you

Thank you

Colleen H. Cresto

FACES



100 S. Pinellas Avenue
Tarpon Springs, FL 34689
(813) 942-1223