

2000 UNIFORM BUSINESS REPORT (UBR)

5/5/01

FILED

Jul 28, 2000 8:00 am
Secretary of State

05-08-2000 90165 012 ***150.00

DOCUMENT # P99000070249

1. Entity Name

FAUX PAS INC.

Principal Place of Business

3310 S. OMAR AVE.
TAMPA FL 33629

Mailing Address

3310 S. OMAR AVE.
TAMPA FL 33629-7639

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

590-38-7977

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIEFFER, ELIZABETH L.
3310 S. OMAR AVE.
TAMPA FL 33629

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

2-1-00

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
Elizabeth Kieffer
3310 OMAR
Tampa FL 33629

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VICE-President
Peter Kieffer
3310 OMAR
Tampa FL 33629

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

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

Date

Daytime Phone #

5-1-00

813 505 1254

CR2E034 (9/99)

Doc # P99.000070249

308811

Change of Address or Business Name

Complete this form, sign it, and mail it with your return if:

- the address below is not correct
- the business location changes
- the business name changes

***If you move the business location to another county, you must complete a new Application to Collect and/or Report Tax in Florida (Form DR-1).** You can obtain this form by: contacting your local Department of Revenue Service Center; calling Taxpayer Services at 1-800-352-3671 (in Florida only) or 850-488-6800; using the FAX on Demand Document Retrieval System at 850-922-3676, or visiting the DOR Web site:

<http://sun6.dms.state.fl.us/dor/>

39-22-184193-80-8
3310 S OMAR AVE
TAMPA FL 33629-7639

FAUX PAS
KIEFFER, ELIZABETH L
3310 S OMAR AVE
TAMPA FL 33629-7639

FEIN of Entity _____

Or SSN Owner _____

SSN Spouse _____

New Location Business Location _____

City _____ State _____ ZIP _____

Business Telephone (____) _____ County _____

New Address In Care of _____

Mailing Address _____

City _____ State _____ ZIP _____

Owner's Telephone (____) _____ County _____

New Business Name _____

Signature of Dealer (Required)

Date

Closing or Sale of Business or Change of Legal Entity

☐ The legal entity changed on ____/____/____. If you change your legal entity and are continuing to do business in Florida, you must complete a new Application to Collect and/or Report Tax in Florida (Form DR-1).

☐ The business was closed permanently on ____/____/____. (The Department will cancel your sales tax certificate number as of this date.)
Are you a corporation/partnership required to file corporate income tax or corporate intangible tax returns? ☐ Yes ☐ No

Sales and Use Tax Certificate Number 39-22-184193-80-8

FEIN 590-38-7977

☐ The business will close/was closed temporarily on ____/____/____. I plan to reopen on ____/____/____.

NOTE: Each time you temporarily open or close your business you MUST notify the Department; your account will be reopened as a monthly filer.

Forwarding Address:

City: _____ State: _____ ZIP: _____

☐ The business was sold on ____/____/____. The new owner information is:

Name of New Owner: _____ Telephone Number of New Owner: (____) _____

Mailing Address of New Owner: _____

City: _____ County: _____ State: _____ ZIP: _____

Signature of Dealer (Required)

Date

Telephone Number: (____) _____