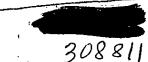
2000 UNIFORM BUSINESS REPORTAGEN FILED Jul 28, 2000 8:00 am Secretary of State DOCUMENT # P99000070249 1. Entity Name FAUX PAS INC. 05-08-2000 90165 012 ***150.00 Principal Place of Business Mailing Address 3310 S. OMAR AVE. 3310 S. OMAR AVE. TAMPA FL 33629 TAMPA FL 33629-7639 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt, #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 590-38-7917 Not Applicable Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required --- . . 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KIEFFER, ELIZABETH LE Street Address (P.O. Box Number is Not Acceptable) 3310 S. OMAR AVE. TAMPA FL 33629 City Zio Code far the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Z (NOTE: Projetared Apent pignesure required when reinter FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 19. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 17. 12 66/69 Addition 🔲 Deleta TITLE RILE aizabem Kieffer NAME NAME CR2E034 STREET ANDRESS STREET ADDRESS CXTY-ST-72P CITY-ST-ZIP Addition Change Delete TITLE TITLE KIETHEL NAME HALLE STREET ADDRESS STREET ADDRESS TW OW **7%**2 CITY-ST-ZP CITY - ST - ZIF Addition INLE Change TITLE D Caleta NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZD CITY - ST-ZIP Change Addition DILE Delete NAME: NAME > For STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-7IP TITLE Change ☐ AddRion TITLE Dolcte NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P Change ☐ Addition Deleta TILLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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(ii), 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 cath; that I am an officer or director of the corporation or the receiver or inustee Ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if champed, or on an attachment with an addirect. With all pitje like empowered. SIGNATURE:

5/8/0

DOC# P99.000070244



| Change of Address or Business Name | | FEIN of Entity | حدد بیو مد بیو بر د |
|--|-------------------------|-------------------------------|---------------------------------------|
| Complete this form, sign it, and mail it with your return if: the address below is not correct the business location changes*. | От | SSN Owner | * |
| the business same channes | | SSN Spouse | |
| The districts trained to the second of the district of the dis | New | Business Location | |
| | Location | | State7P |
| | Maria | Cily | |
| | | Business Telephone () | County |
| | | In Care of | |
| DOH web sile. http://sun6.dms.state.fl.us/dor/ | New Address | In Care or | |
| 39-22-184193-80-8 | | Mailing Address | |
| 3310 S OMAR AVE | | City - | StataZIP |
| TAMPA FL 33629-7639 | | · . | |
| FAUX PAS | | Owner's Telephone () | County |
| KIEFFER ELIZABETH L | New Business | حددوث دور | |
| 3310 S OMAR AVE_ TAMPA FL 33629-7639 | Name | | |
| | | | |
| | | • | |
| Signature of Dealer (Required) Date | | .• | · · · . · · · |
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| Closing or Sale of Business | s or Cl | nange of Legal En | tity same of the p |
| The legal entity changed on/ If you change yo complete a new Application to Collect and/or Report Tax in Florida (For | ur legal e rm DR-1). | ntity and are continuing to | do business in Florida, you must |
| The business was closed permanently on// (The | Departme | nt will cancel your sales tax | certificate number as of this date.) |
| Are you a corporation/partnership required to file corporate income tax of | or corpora | e intangible tax returns? | └ Yes └ No |
| Sales and Use Tax Gertificate Number 39-22-184193-80-8 | • | FEIN ! | 590-38-7977 |
| | | <u>.</u> | and the second of the second |
| The business will close/was closed temporarily on/// NOTE: Each time you temporarily open or close your business you MUS | T notify th | | /vill be reopened as a monthly filer. |
| Forwarding Address: | | | |
| City: State: ZI | P: | | |
| The business was sold on/ The new owner info | mation is | | |
| Name of New Owner: | Telephone | Number of New Owner: (|) |
| Mailing Address of New Owner: | | | |
| City: County: | | State: | ZIP: |
| Signature of Dealer (Required) | Date | . Telepho | ne Number(.) |