2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P99000075645 Aug 14, 2000 8:00 am 1. Entity Name TEENFACES AND MORE, INC. Secretary of State 08-14-2000 90001 006 ***550.00 Principal Place of Business Mailing Address 5934 PIER PLACE DR. 5934 PIER PLACE DR. LAKELAND FL 33813 LAKELAND FL 33813 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ARTMAN, STEPHEN H Street Address (P.O. Box Number is Not Acceptable) 908 SOUTH FLORIDA AVE., STE, 102 COLONIAL BLDG. LAKELAND FL 33803 Zip Code FL 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 reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE ☐ Delete TITLE FONTAINE, GLENDA C NAME 5934 PIER PLACE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33813 CITY-ST-ZIP Change Addition Delete TITLE TITLE AMOS, EDWARD M JR. NAME NAME 5031 CAMBRY LANE STREET ADDRESS STREET ADDRESS LAKELAND FL 33805 CITY-ST-ZIP CITY-ST-ZIP noifibbA . [] Change TITLE Delete TITLE BEEBE, STEPHEN'S NAME NAME 5934 PIER PLACE DR. STREET ADDRESS STREET ADDRESS LAKELAND FL 33813 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete 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)(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.

8-14-00

Daytime Phone #