

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90025 021 ***150.00

DOCUMENT # V56891

1. Entity Name

FACES BY PAT & CRIS, INC.

Principal Place of Business

Mailing Address

~~3570 N U.S. 1~~

~~COCOA FL 32926~~

~~P.O. BOX 70~~

~~SHARPS FL 32959 0070~~
 US

80010280



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

340 Fourth Ave.

3. Mailing Address

Suite, Apt. #, etc.

City & State

INDIAN LANTIC, FL

Zip

32903-4214

Country

Zip

Country

4. FEI Number

59-3138490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HICKS, PATRICIA

~~3570 N U.S. 1~~

~~COCOA FL 32926~~

7. Name and Address of New Registered Agent

Name **PATRICIA HICKS (SPAKOWSKI)**

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

340 Fourth Ave

City

INDIAN LANTIC

FL

Zip Code

32903-4214

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 *Pat Hicks*

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/02

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, 2002 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 ☐ Delete
 NAME **PTVS**
 STREET ADDRESS **HICKS, PATRICIA**
 CITY-ST-ZIP **4309 WOODHALL CIRCLE**
VIERA EAST FL 32955-0831

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1590 Blueberry Dr**
 CITY-ST-ZIP **Titusville, FL 32780**

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

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

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 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:

Pat Hicks **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02

Date

Daytime Phone #

CR2E034 (9/01)