

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90224 027 ***150.00

1192107 AV

DOCUMENT # **V56891**

1. Entity Name
FACES BY PAT & CRIS, INC.



Principal Place of Business
~~340 FOURTH AVE~~
~~INDIAN LANTIC FL 32000 4214~~

Mailing Address
~~340 FOURTH AVE~~
~~INDIAN LANTIC FL 32000 4214~~
US

2. Principal Place of Business

6300 N. Wickham Rd

Suite, Apt. #, etc.

117

City & State

Suntree, FL

Zip
32940-2003

Country

3. Mailing Address

Suite, Apt. #, etc.

SAME

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

~~340 FOURTH AVE~~

~~INDIAN LANTIC FL 32000 4214~~

7. Name and Address of New Registered Agent

Name **Patricia Hicks - Spakowski**

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

6300 N. Wickham Rd

Suite 117

City **Suntree**

FL

Zip Code

32940-2003

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)

(321-751-1234)

1/20/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTVS
HICKS, PATRICIA
1590 BLUEBERRY DR
TITUSVILLE FL 32780 - 3339

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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12. 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 10 or Block 11 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

1/20/03

Date

Daytime Phone #

CR2E034 (10/02)