

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F98000001711

FILED
Apr 16, 2002 8:00 AM
Secretary of State

Entity Name: FACES UNLIMITED CORPORATION

Current Principal Place of Business:

148 MIRACLE STRIP PKWY SE
FORT WALTON BCH., FL 32548

New Principal Place of Business:

Current Mailing Address:

148 MIRACLE STRIP PKWY SE
FORT WALTON BCH., FL 32548

New Mailing Address:

FEI Number: 88-0386535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SARIA, MIGUEL
5262 STEWART STREET
MILTON, FL 32750 US

Name and Address of New Registered Agent:

SARIA, MIGUEL
5262 STEWART STREET
MILTON, FL 32570 US

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: _____

Electronic Signature of Registered Agent

04/16/2002

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: HIGGINS, SHARBRA
Address: 148 MIRACLE STRIP PKWY
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: CVCD () Delete
Name: HIGGINS, SHARBRA
Address: 148 MIRACLE STRIP PKWY SE
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: HIGGINS, SHARBRA
Address: 148 MIRACLE STRIP PKWY SE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARBRA HIGGINS

Electronic Signature of Signing Officer or Director

PVST

04/16/2002

Date