


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90197 001 ***150.00

DOCUMENT # F98000001711

1. Entity Name
FACES UNLIMITED CORPORATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>7029 W. FAIRFIELD DR.</u>		3. Mailing Address <u>7029 FAIRFIELD DRIVE</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>PENSACOLA, FLORIDA</u>		City & State <u>PENSACOLA, FLORIDA</u>	
Zip <u>32506</u>	Country <u>ESCAMBIA</u>	Zip <u>32506</u>	Country <u>ESCAMBIA</u>

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4. FEI Number <u>880386535</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>MIGUEL SARIA</u>
Street Address (P.O. Box Number is Not Acceptable) <u>4225 SILVEROAK DRIVE</u>
City <u>MILTON</u> FL Zip Code <u>32570</u>

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 Miguel Saria DATE 4-7-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PVST SHARBRA HIGGINS 7029 W. FAIRFIELD DRIVE PENSACOLA, FLORIDA 32506</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>CVCD SHARBRA HIGGINS 7029 W. FAIRFIELD DRIVE PENSACOLA, FLORIDA 32506</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sharbra Higgins Date 4/1/03 Daytime Phone # (850)455-0390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)