

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90542 008 ***150.00

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FD

DOCUMENT # 621420

1. Entity Name
FALCON -315, INC.



Principal Place of Business
**1000 EAST ROBINSON STREET
ORLANDO FL 32803
US**

Mailing Address
**P.O. BOX 6701
ORLANDO FL 32853
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional
Fees Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DURIE, JACK F JR
1000 ROBINSON ST
ORLANDO FL 32803**

~~Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code~~

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)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	DURIE, JACK F JR	
STREET ADDRESS	1000 EAST ROBINSON STREET	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	VP	<input type="checkbox"/> Delete
NAME	OMBRES, ALEC	
STREET ADDRESS	1000 EAST ROBINSON STREET	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARRING, LARRY	
STREET ADDRESS	1000 EAST ROBINSON STREET	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 6 2003

Date

Daytime Phone #

CR2E034 (10/02)