

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 793000087310

1. Entity Name
Falcon Electric Inc.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90076 005 ***150.00

Principal Place of Business
5024 W. Grace St.
Tampa, FL 33607

Mailing Address

00070130

2. Principal Place of Business
141 Stevens Ave
Suite, Apt. #, etc.
Suite 3
City & State
Oldsmar, FL
Zip
34677
Country
USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3215465
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
James Shuler
1565 North Florida Ave.
Tampa, FL 33602

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

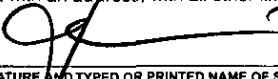
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
Director	☐ Delete	TITLE	☐ Change ☒ Addition
Zoe Roseman		NAME	Robert Komarek
15920 Gulf Blvd		STREET ADDRESS	2836 Countryside Blvd Ste. 111
Redington Bch, FL 33708		CITY-ST-ZIP	Clwr, FL 34621
Director	☐ Delete	TITLE	☒ Change ☐ Addition
Stephanie Garner		NAME	Zoe Roseman
2836 Countryside Blvd. Ste. 111		STREET ADDRESS	15920 Gulf Blvd.
Clwr, FL 34621		CITY-ST-ZIP	Redington Bch, FL 33708
	☐ Delete	TITLE	☐ Change ☐ Addition
		NAME	Stephanie Garner
		STREET ADDRESS	2836 Countryside Blvd. Ste. 111
		CITY-ST-ZIP	Clwr, FL 34621
	☐ Delete	TITLE	☐ Change ☐ Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
	☐ Delete	TITLE	☐ Change ☐ Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
	☐ Delete	TITLE	☐ Change ☐ Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	

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:  Robert Komarek 4-19-00 813-814-1816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)