

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90026 047 ***150.00

DOCUMENT # P98000010890

1. Entity Name
FLORIDA FALLS ENTERPRISES, INC.

Principal Place of Business 1118 SEMINOLE DR. INDIAN HARBOUR BEACH FL 32937	Mailing Address 1118 SEMINOLE DR. INDIAN HARBOUR BEACH FL 32937-4121
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2. Principal Place of Business	3. Mailing Address P.O. Box 2618
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State Stuart FL
Zip	Country
34995	

4. FEI Number	Applied For
59-3506257	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BOWMAN, TIMOTHY
~~1118 SEMINOLE DR.~~
~~INDIAN HARBOUR BEACH FL 32937~~

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
 P.O. Box 2618
City Stuart FL **Zip Code** 34995

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.

SIGNATURE _____ (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**

11. OFFICERS AND DIRECTORS	
TITLE PVTs	<input type="checkbox"/> Delete
NAME BOWMAN, TIMOTHY	
STREET ADDRESS 1118 SEMINOLE DR.	
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937	
TITLE D	<input type="checkbox"/> Delete
NAME BOWMAN, TIMOTHY	
STREET ADDRESS 1118 SEMINOLE DR.	
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 another like empowered.

SIGNATURE: _____ **DATE** 4/30/00 (56) 292193 **Daytime Phone #** 219 2193

CR2E034 (9/99)