

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

FILED

02 MAR 26 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000010890
1. Entity Name
Florida Falls Enterprises, Inc.

DO NOT WRITE IN THIS SPACE

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2001-2002 UBR

2. Principal Place of Business
3107 S.E. Glasgow Dr
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 2618
Suite, Apt. #, etc.

City & State
Stuart FL
Zip
34997
Country
USA

City & State
Stuart FL
Zip
34995
Country
USA

4. FEI Number
59-3506257
Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Timothy Bowman
Street Address (P.O. Box Number is Not Acceptable)
3107 S.E. Glasgow Dr.
City Stuart FL Zip Code 34997

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 *Timothy Bowman* DATE 5/18/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	Timothy Bowman PTSD 3107 S.E. Glasgow Dr. Stuart FL 34997	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100005491811--4 -05/08/02--01044--028 ***300.00 ***300.00
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.
SIGNATURE: *Timothy Bowman* DATE 3/18/02 DAYTIME PHONE # 561-286-4994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

772-370-5575