

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G18261

1. Entity Name

FALCON OIL COMPANY

Principal Place of Business
3724 SOUTH BROCKSMITH RD
FT. PIERCE FL 34945
US

Mailing Address
3724 SOUTH BROCKSMITH RD
FT. PIERCE FL 34945
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

JAMES, GERALD S.
3724 SOUTH BROCKSMITH RD
FORT PIERCE FL 34945

7. Name and Address of New Registered Agent

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.

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, 2001 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 PD
NAME JAMES, GERALD
STREET ADDRESS 7045 OKEECHOBEE RD.
CITY-ST-ZIP FT PIERCE FL 34945 ☐ Delete

TITLE VDS
NAME JAMES, JUDY
STREET ADDRESS 7045 OKEECHOBEE RD.
CITY-ST-ZIP FT. PIERCE FL 34945 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT-DIRECTOR
NAME GERALD JAMES
STREET ADDRESS 3724 SO. BROCKSMITH RD,
CITY-ST-ZIP FT PIERCE, FLA. 34945 ☒ Change ☐ Addition

TITLE VICE PRESIDENT & DIRECTOR
NAME SCOTT JAMES
STREET ADDRESS 3724 SO. BROCKSMITH RD
CITY-ST-ZIP FT PIERCE, FLA. 34945 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/01 501 464 3273
Date Daytime Phone #

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90033 001 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2252353

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E034 (10/00)