

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90117 017 ***150.00

DOCUMENT # G46638

1. Entity Name
FALCON FLYERS, INC.

Principal Place of Business

**945 29TH COURT
 VERO BEACH FL 32960**

Mailing Address

**945 29TH COURT
 VERO BEACH FL 32960**

2. Principal Place of Business

545 1ST ST.
 Suite, Apt. #, etc.

3. Mailing Address

545 1ST ST.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
VERO BEACH, FL

City & State
VERO BEACH, FL

4. FEI Number
59-2386380

Applied For
 Not Applicable

Zip
32967

Country

Zip
32967

Country

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

6. Name and Address of Current Registered Agent

**CLEM, JEFFREY
 906 REEF LANE
 VERO BEACH FL 32963**

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PD CUTRIGHT, D**
 STREET ADDRESS **6365 45TH ST**
 CITY-ST-ZIP **VERO BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD CLEM, JEFFREY**
 STREET ADDRESS **906 REEF LANE**
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **STD RAUSCH, ROBERT R.**
 STREET ADDRESS **945 29TH CT.**
 CITY-ST-ZIP **VERO BEACH FL**

TITLE Change Addition
 NAME **STD TIM SLADE**
 STREET ADDRESS **545 1ST ST.**
 CITY-ST-ZIP **VERO BEACH, FL 32967**

TITLE Delete
 NAME **D JOHNSON, WILLIAM**
 STREET ADDRESS **2220 SILVER SANDS CT**
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 all other like empowered.

SIGNATURE: William D. Johnson **WILLIAM D. JOHNSON** 4-10-02 564-9914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)