

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H95282

1. Entity Name

FALCON INVESTMENTS, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90020 028 ***150.00

Principal Place of Business

500 SOUTH FLORIDA AVENUE
~~SUITE 200~~
LAKELAND FL 33801
US

Mailing Address

P.O. BOX 8545
LAKELAND FL 33802
US

2. Principal Place of Business

500 SOUTH FLORIDA AVE

3. Mailing Address

500 SOUTH FLORIDA AVE

Suite, Apt. #, etc.

Suite 240

Suite, Apt. #, etc.

Suite 240

City & State

LAKELAND FL

City & State

LAKELAND FL

Zip

33801

Country

USA

Zip

33801

Country

USA

4. FEI Number

59-2633859

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUNSON, PETER J.
500 SOUTH FLORIDA AVENUE
~~SUITE 200~~
LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name MUNSON, PETER J.

Street Address (P.O. Box Number is Not Acceptable)

500 SOUTH FLORIDA AVE

Suite 240

City

LAKELAND

FL

Zip Code

33801

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

Peter J. Munson PETER J. MUNSON, PRESIDENT

1/23/01

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 DP
NAME MUNSON, PETER J.
STREET ADDRESS 500 SOUTH FLORIDA AVE., STE. 240
CITY-ST-ZIP LAKELAND FL 33801 ☐ Delete

TITLE ~~DST~~
NAME YANCEY, JAMES A.
STREET ADDRESS 2167 MALACHITE DRIVE
CITY-ST-ZIP LAKELAND FL 33801 ☒ 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
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

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:

Peter J. Munson PETER J. MUNSON, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/23/01

Daytime Phone #

863
480-9908

CR2E034 (10/00)