FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90091 025 ***150.00

2003 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H95282

1. Entity Name
Falcon Investments, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1501 S. Florida Avenue	1501 S. Florida Avenue
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Lakeland, FL	City & State: Lakeland, FL
Zip: 33803 Country: USA	Zip: 33803 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2633859 ☐ 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: Peter J. Munson

Street Address (P.O. Box Number is Not Acceptable):
1501 S. Florida Avenue

City: Lakeland **FL** Zip Code: 33803

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Peter J. Munson PETER J. MUNSON 11/14/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Peter J. Munson 1501 S. Florida Avenue Lakeland, FL 33803
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Peter J. Munson PETER J. MUNSON PRESIDENT 11/14/03 863 680-9908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #