2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
05-18-2001 91593 021 ***150.00

552247

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000000983

1. Entity Name
Ciciarelli, Fahlbusch + Associates, Inc.

Principal Place of Business	Mailing Address
835 Bishop Avenue Orange City, Florida 32763	835 Bishop Avenue Orange City, Florida 32763

2. Principal Place of Business	3. Mailing Address
835 Bishop Avenue	835 Bishop Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orange City, Florida	City & State: Orange City, Florida
Zip: 32763 Country: USA	Zip: 32763 Country: USA

4. FEI Number 59-3115485 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Salvatore G. Ciciarelli 835 Bishop Avenue Orange City, Florida 32763	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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Salvatore G. Ciciarelli 835 Bishop Avenue Orange City, Florida 32763 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Darren J. Fahlbusch 1145 1st Street Orange City, Florida 32763 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Darren J. Fahlbusch April 23, 2001 (407) 719-4401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)