

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 05, 2001 08:00 AM****Secretary of State****DOCUMENT # P00000003758**1. Entity Name
FALK RESEARCH ASSOCIATES, INC.

Principal Place of Business 1295 PARK AVENUE NORTH WINTER PARK FL 32789	Mailing Address 1295 PARK AVENUE NORTH WINTER PARK FL 32789
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2. Principal Place of Business 280 WEST CANTON AVENUE	3. Mailing Address 280 WEST CANTON AVENUE
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Suite, Apt. #, etc. SUITE 110	Suite, Apt. #, etc. SUITE 110
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City & State WINTER PARK FL	City & State WINTER PARK FL
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Zip 32789	Country	Zip 32789	Country
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4. FEI Number 59-3622509	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**FLAK ERLING TJR.**
1295 PARK AVENUE NORTH

WINTER PARK FL 32789**7. Name and Address of New Registered Agent**Name
FALK ERLING TJR.
Street Address (P.O. Box Number is Not Acceptable)
1295 PARK AVENUE NORTH

City
WINTER PARK FL Zip Code
32789

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 **ERLING T. FALK, JR.****07/05/2001**

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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALK ERLING TJR. 1295 PARK AVENUE NORTH WINTER PARK FL 32789 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST FALK ERLING TJR. 1295 PARK AVENUE NORTH WINTER PARK FL 32789 ☐ 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: ERLING T. FALK, JR.

D

07/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)