

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2002 8:00 am**  
**Secretary of State**

08-21-2002 90049 014 \*\*\*150.00

**DOCUMENT # P00000003894**

1. Entity Name  
**FAGIN'S FREEFALL COMPANY, INC.**

Principal Place of Business  
**400 W AIRPORT DRIVE**  
**SEBASTIAN FL 32958**

Mailing Address  
**400 W AIRPORT DRIVE**  
**SEBASTIAN FL 32958**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

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

**FEGAN, NICKIE**  
**400 W AIRPORT DRIVE**  
**SEBASTIAN FL 32958**

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **D**  
 STREET ADDRESS **FEGAN, NICKIE**  
 CITY-ST-ZIP **400 W AIRPORT DRIVE**  
**SEBASTIAN FL 32958**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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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:

**2002 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

*Attachment*

Virginia M Wetherald  
Certified Public Accountant  
8476 75<sup>th</sup> Court  
Vero Beach, FL 32967  
(772) 388-011

# P000000063894  
123932

August 15, 2002

Division of Corporations  
~~Uniform Business Report Filings~~  
P O Box 1500  
Tallahassee, FL 32302-1500

Dear Sir/Madam:

Please find enclosed the 2002 Uniform Business Report for Fagin's Freefall Company, Inc. We are requesting you accept the initial fee in the amount of \$150.00 as the taxpayer did not receive the initial report due to extended travel. This was not an intentional oversight on the part of the taxpayer.

We have enclosed a check in the amount of \$150 and request you file this return on the taxpayers behalf.

Please call my office if you require any additional information.

Sincerely,

*Virginia M Wetherald*

Virginia M. Wetherald, CPA