

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 13, 2001 8:00 am**  
**Secretary of State**

0142915 SP

DOCUMENT # P00000017292

1. Entity Name  
 DONCRISAL, INC.

Principal Place of Business  
 975 N.E. 44TH STREET  
 FT. LAUDERDALE FL 33308

Mailing Address  
 975 N.E. 44TH STREET  
 FT. LAUDERDALE FL 33308



DO NOT WRITE IN THIS SPACE

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

592679729

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

RUIZ, CHARO BOLANOS ESQ.  
 59073 OVERSEAS HIGHWAY  
 GRASSY KEY FL 33050

7. Name and Address of New Registered Agent

Name: Carol Faulkenbury  
 Street Address (P.O. Box Number is Not Acceptable): 1473 Ne 57th  
 City: Ft. Ldle FL Zip Code: 33334

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: Carol Faulkenbury

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-10-01

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 12, 2001 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

TITLE: D  
 NAME: FAULKENBURY, DONALD  
 STREET ADDRESS: 975 N.E. 44TH STREET  
 CITY-ST-ZIP: FT. LAUDERDALE FL 33308 ☐ Delete

TITLE: D  
 NAME: FAULKENBURY, CAROL  
 STREET ADDRESS: 975 N.E. 44TH STREET  
 CITY-ST-ZIP: FT. LAUDERDALE FL 33308 ☐ Delete

TITLE: ☐ Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
☐ Delete

TITLE: ☐ Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
☐ Delete

TITLE: ☐ Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
☐ Delete

TITLE: ☐ Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition

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

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

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

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

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

TITLE: ☐ Change ☐ Addition  
 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:

CAROL FAULKENBURY

CAROL FAULKENBURY

9/7/01

1265

CR2E034 (5/01)