

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

065102 AV

DOCUMENT # P00000090194

1. Entity Name
FALCON COMPUTER SERVICES, INC.

04-02-2002 90905 018 ***150.00

Principal Place of Business

~~1795 E HIGHWAY 50~~
~~SUITE A~~
CLERMONT FL 34711

Mailing Address

~~1795 E HIGHWAY 50~~
~~SUITE A~~
CLERMONT FL 34711



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 VIRGINIA ST
Suite, Apt. #, etc.

3. Mailing Address

300 VIRGINIA ST
Suite, Apt. #, etc.

City & State

CLERMONT FL

City & State

CLERMONT FL

4. FEI Number

59-3675944

Applied For

Not Applicable

Zip

34711-5573

Country

Zip

34711-5573

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARRICK, DAVID JR.

~~1795 E HIGHWAY 50~~ **300 VIRGINIA ST**
~~SUITE A~~
CLERMONT FL 34711

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **PD** ☐ Delete
NAME **WOOD, DAVID L**
STREET ADDRESS **1795 E HWY 50 STE A**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **D** ☒ Delete
NAME **GARRICE, DAVID JR**
STREET ADDRESS **13201 PLUM LAKE CIRCLE**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **300 VIRGINIA ST**
CITY-ST-ZIP **CLERMONT, FL 34711-5573**

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

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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:

David L. Wood **3/24/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)