

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90155 021 ***150.00

DOCUMENT # P01000018479**1. Entity Name**
SUNDOWN CREEK FARMS, INC.**Principal Place of Business****2472 DENNIS STREET**
JACKSONVILLE FL 32204**Mailing Address****2472 DENNIS STREET**
JACKSONVILLE FL 32204**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3711101

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**FALCONETTI, ROBERT J**
2472 DENNIS STREET
JACKSONVILLE FL 32204**7. Name and Address of New Registered Agent**Name **Falconetti, Robert J.**

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 intangibleTax 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	President + CEO				
	Robert J. Falconetti				
	2472 DENNIS ST.				
	JACKSONVILLE, FL. 32204				

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/02 (904) 354-2818

CR2E034 (9/01)