

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91386 022 ***150.00

DOCUMENT # **P01000028221**

1. Entity Name

EDUARDO J. FALCONE P.A.

668629

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

23428 HAT PIN COURT

Suite, Apt. #, etc.

3. Mailing Address

23428 HAT PIN COURT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BONITA SPRINGS, FL

Zip

34134

Country

USA

City & State

BONITA SPRINGS, FL

Zip

34134

Country

USA

4. FEI Number

31-1752159

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

EDUARDO J. FALCONE

Street Address (P.O. Box Number is Not Acceptable)

23428 HAT PIN COURT

City

BONITA SPRINGS

FL

Zip Code

34134

**DO NOT WRITE
IN THIS SPACE**

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 rebranding)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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-STATE-ZIP
	D	EDUARDO J. FALCONE	23428 HAT PIN COURT
		BONITA SPRINGS, FL	34134
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **EdUARDO J. FALCONE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDUARDO J. FALCONE

4/30/02 (239) 671-4112

Date

Daytime Phone #

CR2E034B (12/01)