2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P02000040633

GAINESVILLE FL 32606

1. Entity Name

GAINESVILLE FL 32606

FALCON FINANCIAL MANAGEMENT ADVISORY SERVICES, I NC.



Principal Place of Business Mailing Address 2631-B NW 41ST STREET 2631-B NW 41ST STREET

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FILED

05-05-2003 90176 010 ***150.00

May 05, 2003 8:00 am Secretary of State

3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number X Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent A. Davis, John DAVIS, JOHN A Street Address (P.O. Box Number is Not Acceptable) 2631-B NW 41ST STREET GAINESVILLE FL 32606 Zip Code City 8. The above named entity submits : statement to 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 agen SIGNATURE Signature, typed or printed r applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE |S \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$850.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. XAddition TITLE TITLE ☐ Delete President NAME NAME John A. Davis, Jr. STREET ADDRESS STREET ADDRESS 2631-B NW 41st Street CITY-ST-ZIP CITY-ST-ZIP Gainesville, FL_32606 Addition ☐ Change ☐ Delete TITLE Secretary NAME NAME John A. Davis, Jr. STREET ADDRESS STREET ADDRESS 2631-B NW 41st Street CITY-ST-ZIP CITY-ST-ZIP Gainesville, FL 32606 TITI F Change Addition X X DITLE ☐ Delete Treasurer NAME John A. Davis, Jr. STREET ADDRESS STREET ADDRESS 2631-B NW 41st Street CITY-ST-ZIP CITY-ST-ZIP Gainesville, FL 32606 TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change . ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 poort is the 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 trustage empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an a like empowered.

4-24-03

352-375-7977

Daytime Phone #