

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90075 029 \*\*\*150.00

0332676 AV

**DOCUMENT # P02000045028**

1. Entity Name  
**FAULKNER & FAULKNER INC.**



Principal Place of Business  
**3020 NE 32ND AVENUE UNIT 1514  
FORT LAUDERDALE FL 33308**

Mailing Address  
**3020 NE 32ND AVENUE UNIT 1514  
FORT LAUDERDALE FL 33308**



2. Principal Place of Business  
**1005 Birch Road**

3. Mailing Address  
**1005 Birch Road**

Suite, Apt. #, etc.  
**Apt #1403**

Suite, Apt. #, etc.  
**Apt #1403**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Ft. Lauderdale, FL**

City & State  
**Ft. Lauderdale, FL**

4. FEI Number  
**01-0671828**

Applied For  
Not Applicable

Zip Country  
**33316 USA**

Zip Country  
**33316 USA**

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

**6. Name and Address of Current Registered Agent**

**DICRESCENZO, ANGELA D  
3711 NE 27TH AVENUE  
LIGHTHOUSE POINT FL 33064**

**7. Name and Address of New Registered Agent**

Name **AMY FAULKNER**  
Street Address (P.O. Box Number is Not Acceptable)  
**1005 Birch Road, Apt #1403**  
City **Ft. Lauderdale** FL Zip Code **33316**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Amy Faulkner**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/17/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FAULKNER, J. DOUGLAS</b> <b>3020 NE 32ND AVENUE UNIT 1514</b> <b>FORT LAUDERDALE FL 33308</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FAULKNER, AMY</b> <b>3020 NE 32ND AVENUE UNIT 1514</b> <b>FORT LAUDERDALE FL 33308</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 10 or Block 11 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**

**1/17/03**  
Date

Daytime Phone #

CR2E034 (10/02)