

2003

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90255 015 ***150.00

DOCUMENT # P02000087610
1. Entity Name FAL.COM Corp.

DO NOT WRITE IN THIS SPACE

10094536

2. Principal Place of Business 2401 50th St. No. Suite, Apt. #, etc.	3. Mailing Address 2401 50th St. No. Suite, Apt. #, etc.
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City & State St. Petersburg, FL	City & State St. Petersburg, FL	4. FEI Number 56-2286920	Applied For <input type="checkbox"/> Not Applicable
Zip 33710	Country USA	Zip 33710	Country USA
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Asencio, Fernando A.
Street Address (P.O. Box Number is Not Acceptable) 2401 50th St. No.
City St. Petersburg, FL
Zip Code 33710

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE D/P/S/T
NAME Asencio, Fernando A.
STREET ADDRESS 2401 50th St. No.
CITY - ST - ZIP St. Petersburg, FL 33710

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

Fernando A. Asencio 4-28-03 727-321-4435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #