2001 UNIFORM BUSINESS REPORT (UBR)

Mar 15, 2001 8:00 am Secretary of State DOCUMENT # P94000009214 FALCON FINANCIAL MANAGEMENT, INC. 03-15-2001 90012 030 ***158.75 Principal Place of Business Mailing Address 2631 N.W. 41ST STREET 2631 N.W. 41ST STREET SUITE B C0033971 GAINESVILLE FL 32606 Gainesville fl 32606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3216556 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVIS, JOHN (JEFF) A JR. Street Address (P.O. Box Number is Not Acceptable) 2631 N.W. 41ST STREET SUITE B **GAINESVILLE FL 32606** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME SMITH, JAMES L JR STREET ADDRESS STREET ADDRESS **2631-A NW 41ST STREET** CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32606 ☐ Delete M Change ☐ Addition PVPS TITLE TITLE NAME NAME DAVIS, JOHN A 2631-B STREET ADDRESS STREET ADDRESS 2631-A NW 41ST STREET CITY-ST-7IP CITY-ST-ZIP **GAINESVILLE FL 32606** ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 eport 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 of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

AME OF SIGNING OFFICER OR DIRECTOR

DHN A "JEFF" DAVIS JR

3/12/01

13. I hereby certify that the information sup

SIGNATURE:

FILED