FILED 2001 UNIFORM BUSINESS REPORT (UBR) Sep 14, 2001 8:00 am Secretary of State P97000072492 DOCUMENT # 1. Entity Name FALLS COMPANY OF LBK NORTH, INC. 09-14-2001 90029 009 ***550.00 Principal Place of Business Mailing Address 3170 GULF OF MEXICO DR. 3170 GULF OF MEXICO DR. LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228 2. Principal Place of Business 3. Mailing Address 27 AV OF THE FLOWER Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State CONG 304 City & State 4. FEI Number Applied For 65-0789501 Not Applicable Zip 74228 Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FALLS, JOSEPH \$ Street Address (P.O. Box Number is Not Acceptable) 3170 GULF OF MEXICO DR. LONGBOAT KEY FL 34228 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition JUSEPH FALLS,(JOEPH NAME NAME 3170 GULF OF MEXICO DR. STREET ADDRESS STREET ADDRESS **LONGBOAT KEY FL 34228** CiTY-ST-ZiP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME FALLS, ARTHUR NAME 3170 GULF OF MEXICO DR STREET AODRESS STREET ADDRESS CITY-ST-7IP LONGBOAT KEY FL 34221 CITY-ST-7IP Delete - ---Change Addition TITLE - ----NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Delete TITLE Change ☐ Addition

13. Thereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

941 383 6168