

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90029 009 ***550.00

U1234567 A1

DOCUMENT # P97000072492

1. Entity Name
FALLS COMPANY OF LBK NORTH, INC.

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 HW OF THE FLOWERS Suite, Apt. #, etc.

City & State City & State

LONGBOAT KEY City & State

Zip Country Zip Country

34228 **FLORIDA** Zip Country

4. FEI Number Applied For

65-0789501 Not Applicable

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

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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FALLS, JOSEPH S
3170 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FALLS, JOSEPH <i>JOSEPH</i> <input type="checkbox"/> Delete 3170 GULF OF MEXICO DR. LONGBOAT KEY FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FALLS, ARTHUR 3170 GULF OF MEXICO DR LONGBOAT KEY FL 34221 <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph Falls* **SIGNATURE REQUIRED** Date: **10/9/01** Daytime Phone #: **941 383 6168**

CP2E034 (5/01)