

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90967 043 ***150.00

DOCUMENT # *P970000 72492*

1. Entity Name *FALLS COMPANY OF LBSK, NORTH. INC*

DO NOT WRITE IN THIS SPACE

B0056858

2. Principal Place of Business *27 AVE OF THE FLOWERS* 3. Mailing Address *27 AVE OF THE FLOWERS*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State *LONGBOAT KEY FL*

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4. FEI Number *65-0789501*

Applied For
Not Applicable

Zip *34228*

Country *USA*

Zip *34228*

Country *USA*

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current 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

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
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 *PRESIDENT*
NAME *JOSEPH S. FALLS*
STREET ADDRESS *8404 MARINA DR.*
CITY-ST-ZIP *HOLMES BEACH FL 34217*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *VICEPRESIDENT*
NAME *ARTHUR J. FALLS*
STREET ADDRESS *3305 RINGWOOD MEADOW*
CITY-ST-ZIP *SARASOTA FL 34235*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *SECRETARY-TREASURER*
NAME *BETSY A. FALLS*
STREET ADDRESS *986 CASA SOLANA*
CITY-ST-ZIP *WHEATON IL 60187*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

Arthur J. Falls VICE PRESIDENT ARTHUR J. FALLS 3/6/03 941383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)