

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000003038

Entity Name

FAULK AND ASSOCIATES REALTY, INC.

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90022 001 ***550.00

Principal Place of Business

Mailing Address

786 N BEAL PARKWAY, SUITE 7B
FT WALTON BEACH FL 32547786 N BEAL PARKWAY, SUITE 7B
FT WALTON BEACH FL 32547-3053

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3488012

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAULK, ALLEN M
 1003 27TH ST
 NICEVILLE FL 32547

Name

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

City

FL

Zip Code

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

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
<p><input type="checkbox"/> Delete</p> <p>D FAULK, ALLEN M 786 N BEAL PARKWAY, SUITE 7B FT WALTON BEACH FL 32547</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p> <p>V HALEY, ANNA M 106 LINDA CT NICEVILLE FL 32578</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p> <p>PST FAULK, ALLEN M 1003 27TH ST NICEVILLE FL 32578</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>
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I 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 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 applicable, or on an attachment with an address, with all other like empowered.

Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ALLEN M. FAULK

7-15-2000

850 864 3302

CR2F034 (9/99)