

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100064

1. Entity Name

FALCON INTERNATIONAL GROUP, INC.

FILED

Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90079 001 ***158.75

Principal Place of Business

1026 BERRY AVE. N., STE. ONE
TAMPA FL 33603

Mailing Address

1026 BERRY AVE. N., STE. ONE
TAMPA FL 33603-1611

2. Principal Place of Business

4143 W. WATERS AVENUE
Suite, Apt. #, etc.
#182

3. Mailing Address

Post Office Box 260084
Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

Zip

33614-3116

Country

HILLSBOROUGH

Zip

33685-0084

Country

HILLSBOROUGH

4. FEI Number

53-3567253

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEWART, MICHAEL
1026 BERRY AVE. N., STE. ONE
TAMPA FL 33603

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

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)

X

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.

X

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FALLON, MICHAEL F	
STREET ADDRESS	11048 91ST AVE. N.	
CITY-ST-ZIP	SEMINOLE FL 34772	
TITLE	D	<input type="checkbox"/> Delete
NAME	FALLON, F.S. JR.	
STREET ADDRESS	1026 BERRY AVE. N., STE. ONE	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEWART, MICHAEL	
STREET ADDRESS	P.O. BOX 260084 N/A	
CITY-ST-ZIP	TAMPA FL 33685-0084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

F.S. FALLON Jr., Pres. 02-18-00 813-273-8195

CR2E034 (9/99)