

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003016

1. Entity Name

FALCON SERVICES, INC.

Principal Place of Business

4900 WILDERNESS TRAIL
SEBRING FL 33872-9783

Mailing Address

4900 WILDERNESS TRAIL
SEBRING FL 33872-9783

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Country

4. FEI Number

605-0905841

Applied For

Not Applicable

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

WREDE, DAVID
4900 WILDERNESS TRAIL
SEBRING FL 33872-9783

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)

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

11. OFFICERS AND DIRECTORS

TITLE Resident/Director Delete
NAME DAVID P. WREDE
STREET ADDRESS 4900 Wilderness Tr.
CITY-ST-ZIP Sebring FL 33872

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE DIRECTOR Delete
NAME KAREN R. WREDE
STREET ADDRESS 4900 Wilderness Tr.
CITY-ST-ZIP Sebring FL 33872

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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: *David P. Wrede* DAVID P. WREDE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00 863-385-2720

Date Daytime Phone #

CR2E034 (9/98)