

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2002 8:00 am**  
**Secretary of State**

0191745 AV

02-10-2002 90046 020 \*\*\*150.00

**DOCUMENT # P99000025796**  
 1. Entity Name  
**FALCO INVESTMENT PROPERTIES, INC.**

Principal Place of Business      Mailing Address  
**7920 S A1A**                              **7920 S A1A**  
**MELBOURNE BEACH FL 32951**      **MELBOURNE BEACH FL 32951**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.  
 City & State                              City & State  
 Zip      Country                      Zip      Country

4. FEI Number      Applied For  
**65-0912804**       Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**FALLON, KEVIN W**  
~~6307 S A1A #281~~      *CHANGE ADDRESS ONLY ->*  
**MELBOURNE BEACH FL 32951**

7. Name and Address of New Registered Agent  
 Name      **FALLON, KEVIN W**  
 Street Address (P.O. Box Number is Not Acceptable)      **7920 S A1A**  
 City      **MELBOURNE BEACH FL**      Zip Code      **32951**

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 \$150.00**  
**After May 1, 2002 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FALLON, KEVIN W</b>
STREET ADDRESS	<b>7920 S A1A</b>
CITY-ST-ZIP	<b>MELBOURNE BEACH FL 32951</b>
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	
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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STREET ADDRESS	
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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	

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 an other line empowered.

SIGNATURE: *Kevin W Fallon*      **REQUIRED**      *Kevin W Fallon President 1/22/02*      *321*      *952-8964*  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

CR2E034 (9/01)