

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032377

1. Entity Name

FALCON EXPRESS, INC.

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90067 001 ***150.00

Principal Place of Business

1376 BENNETT DRIVE
LONGWOOD FL 32750

Mailing Address

1376 BENNETT DRIVE
LONGWOOD FL 32750

2. Principal Place of Business

3. Mailing Address

P.O. Box 520460

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 102

City & State

City & State

LONGWOOD, FLORIDA

Zip

Country

Zip

Country

32752-0460

U.S.

4. FEI Number

59-3567246

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

RAMSEY, CHERYL L
1376 BENNETT DRIVE
UNIT 102
LONGWOOD FL 32750

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS RAMSEY, CHERYL L
CITY-ST-ZIP 5124 CYPRESS COURT
WINTER PARK FL 32792

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS HICKS, WOODY
CITY-ST-ZIP 1504 OBERLIN TERRACE
LAKE MARY FL 32746

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Cheryl Ramsey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-01

Date

407-339-8355

Daytime Phone #

CR2E034 (10/00)