4/2/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
04-02-2001 90272 044 ***150.00

DOCUMENT # S48544

1. Entity Name
FALLCO & COMPANY, INCORPORATED

Principal Place of Business	Mailing Address
2575 U.S. 1 SOUTH ST. AUGUSTINE FL 32086	2575 U.S. 1 SOUTH ST. AUGUSTINE FL 32086

[redacted]

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 59-3067293 ☐ 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
FAIR, PHILIP 2575 U.S. 1 SOUTH ST. AUGUSTINE FL 32086	Name ~~Lawrence Sabatini~~ Street Address (P.O. Box Number is Not Acceptable) 2325 Commodores Club Blvd City ST. Augustine FL Zip Code 32084

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] DATE 4-9-01
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, 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	D	☒ Delete	TITLE	V.P.	☐ Change ☐ Addition
NAME	FAIR, PHILIP		NAME	Mary Sabatini	
STREET ADDRESS	70 PHOENIXIA BLVD		STREET ADDRESS	2325 Commodores Club Blvd	
CITY-ST-ZIP	ST. AUGUSTINE FL		CITY-ST-ZIP	ST Augustine FL 32084	
TITLE	P	☐ Delete	TITLE	T	☐ Change ☐ Addition
NAME	SABATINI, LAWRENCE		NAME	Deborah A. Velez	
STREET ADDRESS	2325 COMMODORES CLUB BLVD		STREET ADDRESS	271 Shores Blvd	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084		CITY-ST-ZIP	ST. Augustine, FL 32086	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

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] 3/29/01 904-797-9147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #