

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90030 035 ***150.00

DOCUMENT # 58 8294
1. Entity Name *FALLS COMPANY OF LONGBOAT KEY INC*

DO NOT WRITE IN THIS SPACE

427616

2. Principal Place of Business
27 AVE OF THE FLOWERS
Suite, Apt. #, etc.

3. Mailing Address
27 AVE OF THE FLOWERS
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LONGBOAT KEY FL
Zip *34228* Country *USA*

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LONGBOAT KEY FL
Zip *34228* Country *USA*

4. FEI Number
59-1828214
Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *ARTHUR J. FALLS*
Street Address (P.O. Box Number is Not Acceptable)
27 AVE OF THE FLOWERS
City *LONGBOAT KEY FL* Zip Code *34228*

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 *Arthur J. Falls* DATE *3-9-02*
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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<i>CITIZEN ARTHUR J. FALLS 3303 RINGWOOD MEADOW SARASOTA FL 34235</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT JOSEPH S. FALLS 8404 MARINA DR. HOLMES BEACH, FL 34217</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>BETSY SECRETARY-TREASURER BETSY A. FALLS 986 CASA SOLANA, WHEATON IL 60187</i>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Arthur J. Falls* *ARTHUR J. FALLS* DATE *3-9-02* DAYTIME PHONE # *941 3772699*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)