

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

0593630 AT

DOCUMENT # **F06067**

1. Entity Name
FAULKNER & SONS, INC.

04-08-2002 90258 018 ***150.00

Principal Place of Business 12570 ROSELAND RD. P.O.BOX 781437 SEBASTIAN FL 32978	Mailing Address 12570 ROSELAND RD. P.O.BOX 781437 SEBASTIAN FL 32978
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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 59-2059528	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FAULKNER, GARY A
 12570 ROSELAND RD.
 SEBASTIAN FL 32958**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ 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	DP	<input type="checkbox"/> Delete
NAME	FAULKNER, GARY A	
STREET ADDRESS	12570 ROSELAND RD.	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	FAULKNER, TRACY L.	
STREET ADDRESS	12570 ROSELAND RD.	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	FAULKNER, ALLEN H	
STREET ADDRESS	333 SW ORANGE AVE	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE	M	<input type="checkbox"/> Delete
NAME	FAULKNER, BRANDON A.	
STREET ADDRESS	12570 ROSELAND RD.	
CITY-ST-ZIP	SEBASTIAN FL	
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
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 all other like empowered.

SIGNATURE: Tracy Faulkner **TRACY FAULKNER** 3-26-02 561-388-1881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)