2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
05-18-2001 91558 002 ***150.00

DOCUMENT # 363309

1. Entity Name
FAIRWAY MOTORS, INC.

Principal Place of Business	Mailing Address
14240 CORTEZ BLVD BROOKSVILLE FL 34613 US	14240 CORTEZ BLVD BROOKSVILLE FL 34613 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10504 HAPPY Hollow	10504 HAPPY Hollow Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Odessa FL	City & State: Odessa FL
Zip: 33556 Country: USA	Zip: 33556 Country: USA

4. FEI Number 59-1297983 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNALD, LOUIS R
14240 CORTEZ BLVD
BROOKSVILLE FL 34613

7. Name and Address of New Registered Agent

Name: SAME
Street Address (P.O. Box Number is Not Acceptable): 10504 HAPPY Hollow AVE
City: Odessa FL. 33556 FL Zip Code: 33556

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 4-29-01
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	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FERNALD JR,JAMES		NAME		
STREET ADDRESS	8816 ROBERTS RD.		STREET ADDRESS		
CITY-ST-ZIP	ODESSA FL		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FERNALD, LOUIS		NAME		
STREET ADDRESS	10405 HAPPY HOLLOW AVE		STREET ADDRESS		
CITY-ST-ZIP	ODESSA FL		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
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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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] LOUIS R FERNALD PRESIDENT 4-29-01 813-920-2582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #