

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90131 007 \*\*\*158.75

**DOCUMENT # 658825**

1. Entity Name

**FAIRCHILD, ADDISON AND HARRELL INSURANCE, INCORPORATED**



Principal Place of Business

**401 N PARSONS AVE  
SUITE 108-A  
BRANDON FL 33510**

Mailing Address

**PO BOX 1030  
BRANDON FL 33509**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1976079**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FAIRCHILD, FRANK JAMES  
5305 ROBERTA LANE  
TAMPA FL 33617**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |                                                                     |                                 |                                                |                                                                          |                                                                              |
|------------------------------------------------|---------------------------------------------------------------------|---------------------------------|------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PC<br>FAIRCHILD, FRANK JAMES<br>5305 ROBERTA LANE<br>TAMPA FL       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | C<br>Fairchild, Frank James<br>5305 Roberta Lane<br>Tampa, FL 33617      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>HARRELL, JAMES ALVIN<br>1604 W. BEARSS AVE.<br>TAMPA FL        | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Harrell, James Alvin<br>1604 W. Bearss Avenue<br>Tampa, FL          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>ADDISON, ROBERT LEE<br>9509 ALICE LANE<br>RIVERVIEW FL         | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>Addison, Robert Lee<br>9509 Alice Lane<br>Riverview, FL 33569       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>MCKONE, ELIZABETH<br>7224 HANCOCK STREET<br>RIVERVIEW FL 33569 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V/S/D<br>McKone, Elizabeth<br>7224 Hancock Street<br>Riverview, FL 33569 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>FAIRCHILD, DONNA KAY<br>5305 ROBERTA LANE<br>TAMPA FL 33617    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P/T/D<br>Donna Kay Fairchild<br>5305 Roberta Lane<br>Tampa, FL 33617     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V/D<br>Addison, Laura<br>9509 Alice Lane<br>Riverview, FL 33569          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**F. J. Fairchild**

**2-25-03**

Date

**813-681-4893**

Daytime Phone #

CR2E034 (10/02)