

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90043 030 ***158.75

DOCUMENT # G58903

1. Entity Name

FAIRWAY SIGN CORPORATION



Principal Place of Business

**418 FREMONT
BUILDING C
DAYTONA BCH. FL 32114
US**

Mailing Address

**418 FREMONT AVE
BLDG. C
DAYTONA BEACH FL 32114
US**

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

59-2393336

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIO, DANIEL

~~**4040 S. WATERBRIDGE CIR
PORT ORANGE FL 32119**~~

**ADDRESS CHANGE
705 ART CENTER AVE
NEW SMYRNA BEACH**

Name

Street Address (P.O. Box Number is Not Acceptable)

705 ART CENTER AVE

City NEW SMYRNA BEACH

FL

Zip Code 32168

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
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDT
FLORIO, DANIEL
~~4040 S. WATERBRIDGE CIR
PORT ORANGE FL 32119~~**

☐ Delete

**ADDRESS
CHANGE →**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**705 ART CENTER AVE
NEW SMYRNA BEACH FL 32168**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DSV
RATHJEN, STEVEN
948 PELICAN BAY DRIVE
DAYTONA BEACH FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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: STEVEN RATHJEN VICE PRES 4-25-03 386-253-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)