FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 22, 2002 8:00 am P93000009582 DOCUMENT # **Secretary of State** 1. Entity Name 01-22-2002 90104 035 ***150.00 J. J. FAIRBANK CONSTRUCTION, INC. Principal Place of Business Mailing Address 727 EATON STREET 727 EATON STREET KEY WEST FL 33040 KEY WEST FL 33040 2 HS US 2. Principal Place of Business 3. Mailing Address 5/6 white St. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0394224 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 30 YO Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent FAIRBANK, JAY J. Number is Not Acceptable) 516 white St 227-EATON-STREET KEY WEST FL 33040 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (9/01) Delete ☐ Change Addition TITLE TITLE FAIRBANK, J. JAY NAME NAME 516 white St. 727-EATON STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP KEY WEST FL CITY-ST-ZIP Addition Change TITLE DVST ☐ Delete TITLE LENNON, LISA NAME NAME 516 White St 727 EATON STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P **KEY WEST FL** ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete Addition TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR