

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91418 013 ***150.00

0100561 AV

DOCUMENT # P97000021974

1. Entity Name
FADIGAN & ASSOCIATES, INC.



Principal Place of Business
20 NORTH ORANGE AVE.
STE 301
ORLANDO FL 32801

Mailing Address
20 NORTH ORANGE AVE.
STE 301
ORLANDO FL 32801

2. Principal Place of Business
12565 Research Parkway
Suite, Apt. #, etc.
300

3. Mailing Address
12565 Research Parkway
Suite, Apt. #, etc.
300

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32826

Country
USA

Zip
32826

Country
USA

4. FEI Number **59-3449215**

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

FADIGAN, JAMES
2524 WATERVIEW PLACE
WINDERMERE FL 34786

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	CP	<input type="checkbox"/> Delete
NAME	FADIGAN, JAMES F.	
STREET ADDRESS	20 N. ORANGE AVENUE -SUITE 301	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	FRESONKE, DEAN	
STREET ADDRESS	20 N. ORLANDO AVENUE -SUITE 301	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>12565 Research Parkway</i>	
CITY-ST-ZIP	<i>Orlando, FL 32826</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>12565 Research Parkway</i>	
CITY-ST-ZIP	<i>Orlando, FL 32826</i>	
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		

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (10/02)