

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

0010926

DOCUMENT # P98000055800

1. Entity Name

FAIRWAY FINANCIAL SERVICES, INC.

04-23-2001 90219 032 ***150.00

Principal Place of Business

440 S. FEDERAL HWY
 #103
 DEERFIELD BEACH FL 33441

Mailing Address

440 S. FEDERAL HWY
 #103
 DEERFIELD BEACH FL 33441

2. Principal Place of Business

440 S. FEDERAL HIGHWAY

3. Mailing Address

440 S. FEDERAL HIGHWAY

Suite, Apt. #, etc.

SUITE 204

Suite, Apt. #, etc.

SUITE 204

City & State

DEERFIELD BEACH FL

City & State

DEERFIELD BEACH FL

Zip

33441

Country

USA

Zip

33441

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0844942

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PORT, CRAIG
 440 S. FEDERAL HWY #103
 DEERFIELD BEACH FL 33441

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE: DPS
 NAME: FORTINO, JOHN D
 STREET ADDRESS: 440 S. FEDERAL HWY #103
 CITY-ST-ZIP: DEERFIELD BEACH FL 33441 Delete

TITLE: DVT
 NAME: PORT, CRAIG
 STREET ADDRESS: 440 S. FEDERAL HWY. #103
 CITY-ST-ZIP: DEERFIELD BEACH FL 33441 Delete

TITLE: Delete

TITLE: Delete

TITLE: Delete

TITLE: Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Change Addition

TITLE: Change Addition

TITLE: Change Addition

TITLE: Change Addition

TITLE: Change Addition

TITLE: Change Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01

954 428 4488
 Daytime Phone #

CR2E034 (10/00)