

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90083 029 ***150.00

DOCUMENT # V09409

1. Entity Name
FAIRWINDS FINANCIAL SERVICES, INC.

Principal Place of Business 3075 ALAFAYA TRAIL ORLANDO FL 32826	Mailing Address 3075 ALAFAYA TRAIL ORLANDO FL 32826-3251
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3087 N. Alafaya Tr. Suite, Apt. #, etc.	3. Mailing Address 3087 N. Alafaya Tr. Suite, Apt. #, etc.
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City & State Orlando, FL	City & State Orlando, FL	4. FEI Number 59-3107994	Applied For <input type="checkbox"/> Not Applicable
Zip 32826	Country USA	Zip 32826	Country USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOBIN, LARRY F
 3075 ALAFAYA TRAIL
 ORLANDO FL 32826

Name
Street Address (P.O. Box Number is Not Acceptable) 3087 N Alafaya Trail
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]*
 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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARANOWSKI, EDWARD A		NAME		
STREET ADDRESS	4747 S WASHINGTON AVE		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOBIN, LARRY F		NAME	2199 Wembley Place	
STREET ADDRESS	2365 CHANTILLY TERRACE		STREET ADDRESS	Oviedo, FL 32765	
CITY-ST-ZIP	OVIDEO FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHONODY, KATHY A		NAME		
STREET ADDRESS	324 REMINGTON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	OVIDEO FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)