

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

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90925 035 \*\*\*150.00

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DOCUMENT # **V09409**

i. Entity Name  
**FAIRWINDS FINANCIAL SERVICES, INC.**



Principal Place of Business  
**3087 N ALAFAYA TR  
ORLANDO FL 32826**

Mailing Address  
**3087 N ALAFAYA TR  
ORLANDO FL 32826**

**70041265**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3107994</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>TOBIN, LARRY F</b> <b>3087 N ALAFAYA TR</b> <b>ORLANDO FL 32826</b>				Name <b>Tamara Douglas</b> Street Address (P.O. Box Number is Not Acceptable) <b>3087 N. Alafaya Tr</b> <b>Orlando FL 32826</b> City <b>FL</b> 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 *Tamara Douglas, President* DATE 4-7-03

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

<p><b>FILE NOW!!! FEE IS \$150.00</b>                  After May 1, 2003 Fee will be \$550.00                  Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BARANOWSKI, EDWARD A</b>		NAME		
STREET ADDRESS	<b>4747 S WASHINGTON AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TITUSVILLE FL</b>		CITY-ST-ZIP		
TITLE	<b>PD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>TOBIN, LARRY F</b>		NAME		
STREET ADDRESS	<b>2199 WEMBLEY PL</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CHONODY, KATHY-A</b>		NAME		
STREET ADDRESS	<b>1530 MIZEL AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WINTER PARK FL 32792</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>TISCHER, PHIL</b>		NAME		
STREET ADDRESS	<b>3834 GATLIN WOODS DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO FL 32812</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>GOIGEL, DIANNE</b>		NAME		
STREET ADDRESS	<b>14234 CHEVAL MAYFAIR DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO FL 32822</b>		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		

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: *Tamara Douglas* DATE: 4-7-03 DAYTIME PHONE #: 407-282-6039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Tamara S Douglas*

CR2E034 (10/02)