

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90081 031 ***150.00

DOCUMENT # 378851

1. Entity Name
FAIR BUILDERS INC.

Principal Place of Business
~~409 PALM SPRINGS BLVD~~
IND HRB BCH FL 32937-2630
 US

Mailing Address
~~409 PALM SPRINGS BLVD~~
IND HRB BCH FL 32937-2630
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
989 PINE TREE DRIVE
 Suite, Apt. #, etc.

3. Mailing Address
989 Pinetree DRIVE
 Suite, Apt. #, etc.

City & State
Indian Harbour Beach

City & State
Indian Harbour Beach

4. FEI Number **59-1370477**

Applied For
 Not Applicable

Zip **32937** Country **US**

Zip **32937** Country **US**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POORBAUGH, STEVEN L
~~409 PALM SPRINGS BLVD~~
INDIAN HARBOUR BCH FL 32937

Name
Poorbaugh, Steven L
 Street Address (P.O. Box Number is Not Acceptable)
989 Pine Tree Drive
 City **INDIAN HARBOUR BEACH FL** Zip Code **32937**

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

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	DST POORBAUGH, STEVEN L 333 NAUTILA COURT INDIAN HRBR BCH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POORBAUGH, STEVEN L 333 NAUTILA COURT INDIAN HARBOR BCH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Steven L Poorbaugh* 1/8/02 321-777-5695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)