

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90851 001 \*\*\*300.00

0353831 AV

**DOCUMENT # 849436**

1. Entity Name  
**FAIRBANKS COMMUNICATIONS, INC.**

Principal Place of Business  
**3071 CONTINENTAL DRIVE  
SUITE 103  
WEST PALM BEACH FL 33407  
US**

Mailing Address  
**3071 CONTINENTAL DRIVE  
SUITE 103  
WEST PALM BEACH FL 33407  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **35-1512509**

Applied For  
Not Applicable

Zip Country

Zip Country

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

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	<b>SNOWDON, ROGER S</b>	
STREET ADDRESS	<b>3071 CONTINENTAL DRIVE, STE. 103</b>	
CITY-ST-ZIP	<b>W. PALM BCH. FL 33407</b>	
TITLE	P	<input type="checkbox"/> Delete
NAME	<b>BETLEY, LEONARD J</b>	
STREET ADDRESS	<b>9292 N MERIDIAN ST #304</b>	
CITY-ST-ZIP	<b>INDIANAPOLIS IN 46260</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>FAIRBANKS, VIRGINIA B</b>	
STREET ADDRESS	<b>3071 CONTINENTAL DRIVE, STE. 103</b>	
CITY-ST-ZIP	<b>W. PALM BCH. FL 33407</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>RISTINE, THOMAS R</b>	
STREET ADDRESS	<b>1 A MERICAN SQ 31ST FLOOR</b>	
CITY-ST-ZIP	<b>INDIANAPOLIS IN 46204</b>	
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		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

**3/18/02** **561-844-5330**

Date Daytime Phone #

CR2E034 (9/01)