

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90146 026 \*\*\*150.00

**DOCUMENT # F93000002047**

1. Entity Name  
**FLAIR PPC CORP.**

Principal Place of Business <b>4647 SW 40TH AVENUE          SUITE 600          OCALA FL 34474          US</b>	Mailing Address <b>301 S. COLLEGE ST          SUITE 2300          CHARLOTTE NC 28202-6039          US</b>
--	--

2. Principal Place of Business	3. Mailing Address <b>700 Terrace Pt. Dr.</b>
--------------------------------	--

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State <b>Muskegon, Mi</b>	City & State
-------------------------------------	--------------

Zip <b>49443</b>	Country <b>USA</b>
---------------------	-----------------------

4. FEI Number <b>59-3145708</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <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.

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	<b>PD DOHERTY, J 4647 SW 40 AV OCALA FL 34474</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS MAGEE, RICHARD L 301 S COLLEGE ST STE 2300 CHARLOTTE NC 28202</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GRIFFITHS, W C 2300 ONE FIRST UNION CENTER CHARLOTTE NC 28202</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SNYDER, THOMAS J 301 S COLLEGE ST STE 2300 CHARLOTTE NC 28202-6039</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS SANDERS, BLAINE D 301 S COLLEGE ST STE 2300 CHARLOTTE NC 28202</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT HASSETT, JUNE P 301 S COLLEGE ST STE 2300 CHARLOTTE NC 28202</b>	<input checked="" type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P James Doherty 700 Terrace Pt. Dr. Muskegon, Mi 49443</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D Patrick J. O'Leary 700 Terrace Pt. Dr. Muskegon, Mi 49443</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/S/D Christopher J. Kearney 700 Terrace Pt. Dr. Muskegon, Mi 49443</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/T/D Ron Winowiecki 700 Terrace Pt. Dr. Muskegon, Mi 49443</b>	<input type="checkbox"/> Change <input checked="" 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

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 REQUIRED** Patrick J. O'Leary 440231-724-5800  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VP/Dir Date Daytime Phone #

CR2E034 (9/01)