

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90599 041 ***150.00

DOCUMENT # F97000003498

1. Entity Name
FAIRWAY STOPS, INC.



Principal Place of Business
535 SHERIDAN AVENUE
KENILWORTH NJ 07033
US

Mailing Address
535 SHERIDAN AVENUE
KENILWORTH NJ 07033
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-2033023**

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

YOUNKINS, RICHARD J
3255 KRAMER LN.
MALABAR FL 32950

7. Name and Address of New Registered Agent

Name **YOUNKINS, RICHARD J**
Street Address (P.O. Box Number is Not Acceptable) **1102 BEACON ST. NW**
City **PALM BAY** **FL** Zip Code **32907**

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 *[Signature]* **RICHARD J YOUNKINS** **PRESIDENT** **4/14/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME **YOUNKINS, RICHARD**
STREET ADDRESS **3255 KRAMER LN.**
CITY-ST-ZIP **MALABAR FL 32950**

TITLE ☒ Change ☐ Addition
NAME **YOUNKINS, RICHARD J**
STREET ADDRESS **1102 BEACON ST. NW**
CITY-ST-ZIP **PALM BAY, FL 32907**

TITLE ☒ Delete
NAME **KELLAM, KARIN**
STREET ADDRESS **318 THUNDER CIRCLE**
CITY-ST-ZIP **BENSALEM PA 19020**

TITLE ☒ Change ☐ Addition
NAME **KELLAM, KARIN**
STREET ADDRESS **1616 BRYANT ROAD**
CITY-ST-ZIP **CHERRY HILL, N.J. 08003**

TITLE ☒ Delete
NAME **MORRIS, JOELLEN**
STREET ADDRESS **7 AMARYLLUS LANE**
CITY-ST-ZIP **LUMBERTON NJ 08408**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **YOUNKINS, GERALD L.**
STREET ADDRESS **535 SHERIDAN AVENUE**
CITY-ST-ZIP **KENILWORTH NJ 07033**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)