

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002290

1. Entity Name  
FAIRCHILD/INDIA L.L.C.

FILED

01 MAY 31 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
537 EAST PARK AVENUE  
TALLAHASSEE FL 32301

Mailing Address  
537 EAST PARK AVENUE  
TALLAHASSEE FL 32301



DO NOT WRITE IN THIS SPACE

BAJH

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

45-0366615

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

UNDERWOOD, ROBERT L  
537 EAST PARK AVENUE  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name Richard Fairchild  
Street Address (P.O. Box Number is Not Acceptable)  
467 Timber Ridge Drive  
City Longwood FL Zip Code 32779

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 Richard Fairchild  
Signature, typed or printed name of registered agent and title if applicable.

Richard Fairchild  
(NOTE: Registered Agent signature required when reinstating)

5-20-01  
DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

800004430258--8  
-06/19/01--01083--006  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FAIRCHILD & ASSOCIATES, INC. 467 TIMBER RIDGE DRIVE LONGWOOD FL 32779	<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

10. ADDITIONS/CHANGES

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
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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Richard Fairchild  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

412-01

407-839-5551

Date

Daytime Phone #

CR2E083 (11/00)

0003335  
AF