

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91238 036 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000023855

1. Entity Name
FANFARE AIRWAYS CORP.

Principal Place of Business

4115 ROYAL PALM DRIVE
BRADENTON FL 34210

Mailing Address

4115 ROYAL PALM DRIVE
BRADENTON FL 34210

2. Principal Place of Business

9362 WILMINGTON CT

3. Mailing Address

9362 WILMINGTON CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIGHLANDS RANCH, CO

City & State

HIGHLANDS RANCH, CO

4. FEI Number

65-0964349

Applied For

Not Applicable

Zip
80130

Country
USA

Zip
80130

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAYTON, GARY R
4115 ROYAL PALM DRIVE
BRADENTON FL 34210

7. Name and Address of New Registered Agent

Name **DAVID S. WIMBERLY**
 Street Address (P.O. Box Number is Not Acceptable)
5025 MCLAUGHLIN DR.
 City **TALLAHASSEE** FL **32309**

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.

DAVID S. WIMBERLY

(NOTE: Registered Agent signature required when reinstating)

2-12-02

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	D <input type="checkbox"/> Delete
NAME	LAYTON, GARY R
STREET ADDRESS	4115 ROYAL PALM DRIVE 9362 WILMINGTON CT
CITY-ST-ZIP	BRADENTON FL 34210 - HIGHLANDS RANCH CO 80130 <input type="checkbox"/> Delete
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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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-02 **470-0323**
 Date Daytime Phone #

CR2E034 (9/01)