


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90015 047 ***150.00

DOCUMENT # *P01000036201*

1. Entity Name
FAIRE CORPORATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
210 KINGFISHER

3. Mailing Address
P.O. Box 185

Suite, Apt. #, etc.

City & State
UPPER CAPTIVA, FL

City & State
CAPTIVA FL

Zip
33924

Country
LEE

94024804

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1100613

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
EDWARD McDONALD

Street Address (P.O. Box Number is Not Acceptable)
210 KINGFISHER

City
UPPER CAPTIVA

FL Zip Code
33924-0185

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P.S.T. EDWARD McDONALD 210 KINGFISHER UPPER CAPTIVA FL 33924-0185</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 03-01-04 239-472-1079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)