## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## P01000056816 **DOCUMENT #**

1. Entity Name

FAIR INSURANCE SERVICES, INC.



## **FILED** Mar 21, 2003 8:00 am & Secretary of State

03-21-2003 90073 048 \*\*\*150.00

					- 1	- WE					
Principal Place of Business 504 N DIXIE FREEWAY NEW SMYRNA BEACH FL 32168 US			504 1	Mailing Address 504 N DIXIE FREEWAY NEW SMYRNA BEACH FL 32168 US						177 <b>8</b>	11 <b>818 8</b> 111 1 <b>88</b> 1
2. Principal Place of Business			3. Ma	3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State				City & State			4.	FEI Number <b>59-3733329</b>			oplied For ot Applicable
Zip Country			Zip				5.	. Certificate of Status Desired		\$8.75 Add	
6. Name and Address of Current Registered Agent							7.	Name and Address of New Re	gistèred /	Agent	
						Name			•		
SCHAEFER, KELLY L 504 N DIXIE FREEWAY				,	-	Street Address (P.O. Box Number is Not Acceptable)					
NEW SMY	H FL 32168			1							
				-	-	Oit			FL	1	
							City			Zip Cod	le
8. The above the obligat	named entity tions of registe	submits this statement for ered agent.	or the purp	ose of changing its	registered	office or re	egistered a	igent, or both, in the State of Flori	ida. I am i	amiliar with,	and accept
SIGNATURE		or printed name of registered agent	and title if app	olicable. (NOTE	: Registered	Agent signature	required when	reinstating)	DATE		
				<del>[                                    </del>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					•			Election Campaign Fina     Trust Fund Contribution.		\$5.0 Added	May Be to Fees
10.	I	OFFICERS AND	DIRECTO	RS	11.		Al Al	DDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11
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NAME		r, Kelly L			NAME						
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered. **SIGNATURE:**