

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90127 004 \*\*\*150.00

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

**DOCUMENT # P01000084232**

1. Entity Name  
**FAIRWAY DEVELOPMENT GROUP, INC**



Principal Place of Business  
**333 S TAMiami TRAIL, SUITE 353  
VENICE, FL 34285**

Mailing Address  
**333 S TAMiami TRAIL, SUITE 353  
VENICE, FL 34285**

2. Principal Place of Business  
**1474 TRUNE WAY**  
Suite, Apt. #, etc.

3. Mailing Address  
**1474 TRUNE WAY**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**VENICE, FL**  
Zip  
**34292**  
Country  
**USA**

City & State  
**VENICE, FL**  
Zip  
**34292**  
Country  
**USA**

4. FEI Number  
**65-1147406**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ROBERT, MOREY**  
**333 S TAMiami TRAIL, SUITE 353**  
**VENICE, FL 34285**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1474 TRUNE WAY**  
City **VENICE** FL Zip Code **34292**

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]*

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/28/03**

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  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **P** ☐ Delete  
NAME **MOREY, ROBERT**  
STREET ADDRESS **333 S. TAMiami TRIAL #396**  
CITY-ST-ZIP **VENICE, FL 34285**

TITLE **VP** ☐ Delete  
NAME **PETERSEN, MARK E**  
STREET ADDRESS **333 S. TAMiami TRIAL #396**  
CITY-ST-ZIP **VENICE, FL 34285**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

TITLE ☐ Change ☐ Addition  
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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 507, 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]*

**ROBERT C. MOREY**

**3/28/03**

**9414653980**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (10/02)