

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90197 016 ***150.00

DOCUMENT # P01000089556

1. Entity Name

FANFARE PRODUCTS INC.

Principal Place of Business

**811 OLD VILLAGE WAY
 OLDSMAR FL 34677**

Mailing Address

**811 OLD VILLAGE WAY
 OLDSMAR FL 34677**

2. Principal Place of Business

2400 WINDING CREEK BLVD

3. Mailing Address

PO BOX 1293

Suite, Apt. #, etc.

10-103

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

OLDSMAR, FL

Zip

33761

Country

USA

Zip

34677-1293

Country

USA

4. FEI Number

59-3752378

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

OGLE, TOM

**811 OLD VILLAGE WAY
 OLDSMAR FL 34677**

7. Name and Address of New Registered Agent

Name

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

2400 WINDING CREEK BLVD., # 10-103

City

CLEARWATER

FL

Zip Code

33761

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.

THOMAS A. OGLE, REG. AGENT/PRES.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/02

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

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **OGLE, TOM**
 CITY-ST-ZIP **811 OLD VILLAGE WAY
 OLDSMAR FL 34677**

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **WINTERS, JEFFREY**
 CITY-ST-ZIP **3945 FLORAMAR TERRACE
 NEW PORT RICHEY FL 39465**

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **VARSEVELD, CRIS VAN**
 CITY-ST-ZIP **116 W. CYPRESS COURT
 OLDSMAR FL 34677**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **GITTO, JEFFREY**
 CITY-ST-ZIP **2011 SOUTHVIEW BLVD #A
 TAMPA FL 33606**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2400 WINDING CREEK BLVD, #10-103**
 CITY-ST-ZIP **CLEARWATER, FL 33761**

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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

Date

Daytime Phone #

4/2/02 813-546-4366

CR2E034 (9/01)