## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 26, 2007 8:00 am Secretary of State

UNIF	DKW BUSINE	SS REPOR	i (UBK)		Secretary 6		
OCUMENT # P02000040164  1. Entity Name					01-26-2007 90029 00	)3 **'	*150.00
FAIR TRANSPORTA	TION				•		
DO'N	OT WRITE	IN THIS	SPAC	E	60007224		
2. Principal Place of Business PO BOX 1095		E IN THIS SPACE  3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State CRESTVIEW, FL		City & State					Applied For Not Applicable
Zip 32536	Country	Zip	Cou	ntry	5. Certificate of Status Desired		\$8.75 Additional Fee Required
Seek Seek Seek	T. N			7. Nan	ame and Address of Current Registered Agent		
A CRACK TO A				Name			
'ANTIN' - 20 시 시 시 시 · · · · · · · · · · · · · · ·					ress (P.O. Box Number is Not Acceptable)		
			10.7				
		Marie Allendre		City (ISSIMMEE	F		Zip Code 34744
8. The above named	entity submits this st	atement for the pur	rpose of cha	nging its regis	stered office or registered agent	or bo	oth, in the
State of Florida. I	am familiar with, and	accept the obligation	ons of regist	ered agent.			
SIGNATURE	•						
	ire, typed or printed name of		e if applicable.	(NOTE: Regist	tered Agent signature required when reins	tating)	DATE
January 1- May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25					9. Election Campaign Financing	_	\$5.00 May Be
Make Check Payahl	ded UBR is \$61.25 e to Florida Departm	ent of State			Trust Fund Contribution.	Ш	Added to Fees
10.		ND DIRECTORS	11.				
TITLE	PRESIDEN			E			The state of the state of
NAME STREET ADDRESS	NEWMAN W FAIR 917 N PALMWAY STREET		0.000	E F Jan 19 9 5		Sale W	See a see a see a see
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CITY-ST-ZIP	ho information avenue d	with this Eli-	CITY	-ST-ZIP	The transfer of the care of	<u> </u>	in the 18 18
certify that the inform	ne information supplied that in indicated on this re	with this tiling does no eport or supplements	ot qualify for t	ne exemption s	stated in Section 119.07(3)(i), Florida and that my signature shall have the	Statu	ites. I further
as if made under oat	h; that I am an officer or	director of the corpor	ration or the n	eceiver or trusto	and that my signature shall have the se empowered to execute this report	≀same tas re	auired by
Chapter 607, Florida	Statutes; and that my na	ame appears in Block	k 10 or on an	attachment with	h an address, with all other like emn	OWNER	d