

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-28-2003 91638 001 *****8.75
04-28-2003 91638 002 ***150.00
P03000009874

03 MAY 15 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000009874 ✓

1. Entity Name

FAIRFAX SERVICES, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. B. #69-1894

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

4. FEI Number

45-0512124

Applied For

Not Applicable

Zip

32869

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LINDA MURRAY

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

4704 Walden Circle #1934

City Orlando

FL

Zip Code
32811

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/24/03

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 P
NAME LINDA MURRAY
STREET ADDRESS P.O. B. #69-1894
CITY-ST-ZIP Orlando, FL 32869

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**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

(407) 345-4723

Daytime Phone #

CR2E034B (12/02)