## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 27, 2001 8:00 am Secretary of State DOCUMENT # P20286 1. Entity Name FAIRVIEW INDUSTRIES, INC. 02-27-2001 90333 024 \*\*\*150.00 Mailing Address Principal Place of Business 2500 W LAKE MARY BLVD 2500 W. LAKE MARY BLVD SUITE 101 SUITE 101 LAKE MARY FL 32746-3501 LAKE MARY FL 32746-3501 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 62-0944149 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WALTHER, AILEEN D Street Address (P.O. Box Number is Not Acceptable) 2500 W LAKE MARY BLVD 101 LAKE MARY FL 32746 City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. Atter MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. ☐ Addition Change PD ☐ Delete TITLE TITLE MARKE WALTHER, PATRICK STREET ADDRESS STREET ADDRESS 2500 W. LAKE MARY BLVD., #101 CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME WALTHER, DOROTHY STREET ADDRESS STREET ADDRESS 2500 W LAKE MARY BLVD, #101 CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL ☐ Addition Change TITLE" TITLE Delete NAME NAME WALTHER, AILEEN D STREET ADDRESS STREET ADDRESS 2500 W. LAKE MARY BLVD. 101 CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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.

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