2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Jan 23, 2003 8:00 am Secretary of State P20286 DOCUMENT # 01-23-2003 90113 034 ***150.00 1. Entity Name FAIRVIEW INDUSTRIES, INC. Principal Place of Business Mailing Address 2500 W LAKE MARY BLVD 2500 W. LAKE MARY BLVD SUITE 101 SUITE 101 LAKE MARY FL 32746-3501 LAKE MARY FL 32746-3501 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 62-0944149 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALTHER, AILEEN D Street Address (P.O. Box Number is Not Acceptable) 2500 W LAKE MARY BLVD **SUITE 215** LAKE MARY FL 32746 City Zip Code 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Addition CR2E034 (10/02 TITLE ☐ Delete WALTHER, PATRICK NAME NAME 2500 WEST LAKE MARY SUITE 215 STREET ADDRESS STREET ADDRESS LAKE MARY FL 32746 CITY-ST-ZIP CITY-ST-ZIP **VPD** TITLE TITLE ☐ Change ☐ Delete ☐ Addition WALTHER, DOROTHY NAME NAME 2500 WEST LAKE MARY BLVD., SUITE 215 STREET ADDRESS STREET ADDRESS CITY-ST-7IP LAKE MARY FL 32746 CITY-ST-7IP **VPD** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME Walther, Aileen D NAME STREET ADDRESS STREET ADDRESS 2500 WEST LAKE MARY BLVD., SUITE 215 CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 Block 11 if

SIGNATURE:

FILED