

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000048227

1. Entity Name

FAIRBANKS PROPERTIES, INC.

FILED

Apr 18, 2001 8:00 am  
Secretary of State

04-18-2001 90113 019 \*\*\*150.00

Principal Place of Business

3712 VINELAND ROAD  
ORLANDO FL 32811

Mailing Address

3712 VINELAND ROAD  
ORLANDO FL 32811

C0048043



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7826 KINGS POINTE PARKWAY

3. Mailing Address

7826 KINGS POINTE PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

City & State

ORLANDO FL

4. FEI Number

59-5387654

Applied For

Not Applicable

Zip

32819

Country

U.S.A.

Zip

32819

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVPS  
SINGH, HARI  
3712 VINELAND ROAD  
ORLANDO FL 32811 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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SINGH, HARI  
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ORLANDO FL 32811 ☐ Delete

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CITY-ST-ZIP  
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/00)